Design Guide

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Design Guide

The design of hospital main entrances

NHS Estates

An Executive Agency of the Department of Health

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The design of hospital main entrances

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About this publication

This guide examines the quality of the design of the main entrance to hospitals and the approach to it, from small scale community hospitals to general hospitals and teaching hospitals, considering particularly the point of view of the patient and visitor.

The sequence of arriving and leaving, from the first point of arrival on the hospital site right through to arrival at the information and enquiry counter and continuing on to the concourse, is considered in detail.

Each section sets out and illustrates design proposals by reference to the best of recent examples and explores further ideas.

The guide supplements the existing range of Health Building Notes (HBNs), which should be referred to for guidance, schedules of spaces and technical details. References to HBNs are made throughout the text.

Figure 1 St Mary's Hospital, Isle of Wight. Main entrance canopy and draught lobby.

Contents

About this publication

Acknowledgements *page 3*

Photographs and illustrations in the text *page 4*

1. Introduction *page 7*
1.1 Background
1.3 Scope of this Design Guide
1.5 Audience

2. Issues associated with the main entrance *page 8*
2.1 The need for quality
2.4 A single entrance
2.7 Common criteria for different hospitals
2.11 Main entrance functions and qualities
2.13 Different user requirements
2.14 Changing demands
2.15 Income generation and alternative funding

3. The approach and arrival *page 12*
3.1 The journey
3.3 Approach
- 3.4 Location of the main entrance
- 3.6 Site strategy for access and circulation
- 3.9 Site strategy for landscape and local prevailing weather conditions
- 3.14 Separation of pedestrians and vehicles
- 3.18 Clear directions for pedestrians and vehicles
- 3.21 Lighting

3.23 Parking
3.24 Main entrance forecourt and canopy
- 3.25 A visual goal when approaching the building
- 3.27 A symbolic entrance to the hospital
- 3.28 Prominent signing
- 3.29 A shelter for arrival and departure
- 3.34 Visual monitoring of forecourt by hospital staff
- 3.36 Disabled parking
- 3.37 Night lighting
- 3.38 Outside waiting area and garden

4. The entrance area *page 23*
4.1 General considerations
4.3 Draught lobby
- 4.4 Plan arrangement
- 4.9 Doors
- 4.11 Night-time access and security
- 4.12 Fire escape, security and safety requirements
- 4.14 Provision for extinguishing cigarettes
- 4.15 Dirt-collecting floor surface

4.16 Entrance and information/enquiry desk
- 4.17 Plan arrangement
- 4.20 Desk design
- 4.22 Activities
- 4.27 Central controls
- 4.28 Safety

4.29 Transport waiting area
4.30 Ancillary accommodation
- 4.30 Wheelchair and patient trolley store
- 4.31 Head porter's office
- 4.32 Security office
- 4.34 Ambulance liaison officer's office

5. The concourse area *page 34*
5.1 General considerations
5.4 Concourse
- 5.4 Location of concourse in relation to other hospital departments
- 5.5 Spatial qualities
- 5.7 Lighting and views
- 5.9 Telephones
- 5.12 Noticeboards

5.13 Main waiting
- 5.14 Seating
- 5.15 Facilities for children
- 5.17 Information point

5.18 Refreshment area
- 5.20 Associated food preparation and storage areas
- 5.21 Finishes, fixtures, fittings
- 5.22 Seating

5.25 Shops
5.31 Ancillary accommodation
- 5.31 WCs
- 5.32 Parent and baby room

6. Internal environment *page 44*
6.1 Finishes
- 6.2 Safety and protection
- 6.4 Floors
- 6.6 Walls
- 6.7 Ceilings

6.8 Lighting, heating, acoustics
- 6.9 Lighting
- 6.13 Heating
- 6.14 Acoustics

6.15 Wayfinding and signs
- 6.18 External form of building
- 6.19 Internal design – size and shape, lighting, colour, detail
- 6.20 Landmarks
- 6.21 Signs

6.25 Artwork

7. Fire and security *page 51*
7.1 Fire
7.4 Security

Appendix A – Hospitals visited *page 52*

Appendix B – Firecode *page 53*

Appendix C – Nucleus hospitals *page 54*

Bibliography *page 55*

Other publications in this series *page 56*

About NHS Estates *page 57*

Acknowledgements

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Photographs and illustrations in the text

All photographs are by Charles-Jones Park & Miers Architects unless otherwise stated.

Cover:
Conquest Hospital, Hastings. Powell Moya Partnership.
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1. St Mary's Hospital, Isle of Wight.

   Architects: Ahrends Burton & Koralek.

   Photo: ABK.

2. Royal Bournemouth DGH.

   Architects: HLM Architects.

3. Chirk Community Hospital, Clwyd.

   Architects: Welsh Health Common Services Authority (WHCSA).

4. The Dorchester Hotel, London.

5. Highpoint Two, London.

6. Heathrow Terminal 4.

7. King's Cross railway station.

8. St Mary's Hospital, Isle of Wight.

9. Conquest Hospital, Hastings.

10. Diagram of pedestrian and vehicular approach routes.

11. Diagram of pedestrian and vehicular approach routes.

12. Clifton Hospital, Lytham St Annes.

    Architects: Tom Mellor & Partners.

13. Conquest Hospital, Hastings.

    Photo: John Parker.

14. Royal Bournemouth DGH.

15. Chirk Community Hospital.

16. Proposed canopy and forecourt design.

    Charles-Jones Park & Miers.

17. Conquest Hospital, Hastings. Forecourt layout.

18. Proposed forecourt design.

    Charles-Jones Park & Miers.

19. Deeside Community Hospital, Clwyd.

    Architects: WHCSA.

20. St Mary's Hospital, Isle of Wight. Forecourt layout.

21. St Mary's Hospital, Isle of Wight.

22. St Mary's Hospital, Isle of Wight. Plan of main entrance.

23. Hospital of St John and St Elizabeth, London.

    David Morley Architects.

24. St Mary's Hospital, Isle of Wight.

25. Diagram of draught lobby design.

    Charles-Jones Park & Miers.

26. Hospital of St John and St Elizabeth, London.

27. Westminster and Chelsea Hospital, entrance doors.

    Architects: Sheppard Robson Architects.

28. Proposed interior by Charles-Jones Park & Miers.

    Plan design by Medical Architecture and Art Projects (MAAP).

29. Fitzroy Nuffield Hospital, London.

    Interior designers: David Leon & Partners.

30. Royal Devon and Exeter, Wonford, plan of entrance template.

    Architects: MRM Partnership.

31. Westminster and Chelsea Hospital, London.

    Artist: Richard Carman.

32. Mid-Kent Radiotherapy, plan of main entrance.

    Architects: Powell Moya Partnership.

33. Wansbeck DGH, plan of main entrance.

    Architects: Powell Moya Partnership.

34. Proposed Nucleus main entrance template.

    Design by MAAP.

35. St Mary's Hospital, Isle of Wight.

36. Proposed interior by Charles-Jones Park & Miers.

    Plan design by MAAP.

37. Ealing DGH.
    Architects: HLM Architects.
    Photo: HLM Architects.

38. St Mary's Hospital, Isle of Wight.

39. Royal Gloucester.
    Architect: Jan Robson.

40. St Mary's Hospital, Isle of Wight.

41. St Mary's Hospital, Isle of Wight.

42. West Fife DGH, plan of main entrance.
    Architects: HLM Architects.

43. Conquest Hospital, Hastings, plan of main entrance.

44. Stoke City General Hospital.
    Architects: Percy Thomas Partnership.

45. Deeside Community Hospital, Clwyd.

46. Ealing DGH. Plan of main entrance.

47. St Mary's Hospital, Isle of Wight.

48. Conquest Hospital, Hastings.
    Photo: Alan Williams.

49. Royal Bournemouth DGH.

50. St Mary's Hospital, Isle of Wight.

51. Royal Bournemouth DGH.

52. Ysbyty George Thomas, Mid Glamorgan.
    Architects: WHCSA.

53. Chirk Community Hospital.

54. Charing Cross Hospital, London.

1.0 Introduction

Background

1.1 Interest in the quality and arrangements of the main entrances to hospitals has developed very rapidly in recent years. Great emphasis is now being placed on the standard of the service provided in hospitals and the quality of the environment in support of this service.

1.2 Between 1989 and 1992 the NHS Management Executive organised and partially financed two groups of national quality demonstration projects. The first six projects described in 'Demonstrably different' were undertaken in 1989/90, and a further eight projects then followed, as described in 'First impressions, lasting quality'. All of these projects concentrated on the need for higher quality entrances and waiting areas for patients, and included main entrances, entrances to out-patients, and entrances to accident and emergency. They were all improvements to existing facilities, undertaken with the intention of demonstrating what can be done, quickly and at comparatively low cost, to produce comprehensive improvements to standards of care and service – improvements which will be recognised and valued by patients.

Scope of this Design Guide

1.3 This guide examines the quality of the design of the main entrance to hospitals and the approach to it, from small-scale community hospitals to general hospitals and teaching hospitals, considering particularly the point of view of the patient and visitor. The sequence of arriving and leaving, from the first point of arrival on the hospital site right through to arrival at the information and enquiry counter and continuing on to the concourse, is considered in detail. Each section sets out and illustrates design proposals by reference to the best of recent examples and explores further ideas.

1.4 The guide supplements the existing range of Health Building Notes (HBNs), which should be referred to for guidance, schedules of spaces and technical details. References to HBNs are made throughout the text.

Audience

1.5 The guide will be of interest to all those involved in providing health care services, including:

- regional health authorities, district health authorities, NHS trusts, and private hospitals;
- chief executives and their management teams;
- unit general managers, directors of estates, and business development managers;
- project teams and design teams responsible for the design of a new or refurbished main entrance.

Figure 2 Royal Bournemouth Hospital. Concourse.

2.0 Issues associated with the main entrance

The need for quality

2.1 A high standard of service is the sum of many parts, and to achieve it requires a total quality approach. Good design is an important ingredient of a good service, and will contribute to the achievement of quality objectives. It may be subtly, almost invisibly provided, but will help to make the building a pleasure to use for patients, visitors and staff alike.

2.2 In addition to ensuring an efficient environment for health care and treatment, which is also conducive to recovery, good design will provide visible evidence of a commitment to the quality of the hospital environment and to the quality of life of the users. This in turn will assist in creating an appropriate image that reassures patients and visitors and encourages staff.

2.3 The converse is equally true. A poorly considered or maintained environment creates a poor impression of the service and reduces confidence in that service.

A single entrance

2.4 The range of activities and services carried out in hospitals on single sites will be reviewed over the next few years. Radical approaches to the use of assets and capital will engender different solutions to hospital planning. Some hospitals may cease to be managed as large single entities. For example, a number of independently managed specialist functions on or off the existing single site might lead to a requirement for a range of entry and reception arrangements.

2.5 There are also arguments, associated for example with the concept of patient focus, for approaching the design and layout of the hospital primarily from the point of view of the patient and for creating several additional entrances, each serving a specific hospital function. It is expected that for the foreseeable future main entrances will continue to be provided and developed as described in this design guide, and other secondary entrances should also reflect this advice.

Figure 3 Chirk Community Hospital. Main entrance.

2.6 There are many benefits in ensuring that the main entrance is the primary entrance to the building. Issues that tend to favour the single entrance are:

- quality: by having a single entrance, additional resources can be concentrated into the one area to ensure that a high standard is achieved where it will be appreciated by all users;
- security: control of perimeter entry and exit points is vital to ensure good security. A single entrance assists this (see also Chapter 7: Fire and security);
- wayfinding: people are often daunted by the complexity of a hospital site, the number of signs leading up to the building, and the difficulty of orientating oneself when arriving or departing. A single entrance allows a clear and intelligible strategy to be developed for external routes, signs and landscape;
- income generation: the profitability of any shop units, be they florists, bookshops or the Friends' shop, depends to a great degree on the number of people using the concourse area. A single entrance for all users will make the units more viable.

Common criteria for different hospitals

2.7 Hospitals of different scales and locations still share similar design criteria. The accommodation within a community hospital may be less extensive than that within a general hospital, but the issues associated with quality and with the impression made on patients and visitors, the internal and external circulation requirements and numerous other matters, are the same.

2.8 The quality of the design of the main entrance to a hospital, including the pedestrian and vehicular approach, is of fundamental importance in creating:

a. a positive image of the hospital and the service it provides;

b. friendly, welcoming and caring surroundings;

c. an efficient working environment for hospital staff, to benefit patients and visitors.

2.9 The main entrance creates the first and last impressions on visitors and patients, as the point of arrival and departure. It also provides the first point of human contact, through the staff behind the information and enquiry desk who should help to provide a reassuring touch for the anxious and disorientated user, as well as giving information and directions.

2.10 The main entrance to a hospital, while having unique and complex requirements, has some similarities to other building types. Reference to the best examples of these may help identify qualities being sought within the hospital

Figure 4 The Dorchester, Park Lane, London.

Figure 5 Highpoint Two, Highgate, London.

Figure 6 Heathrow Terminal 4.

Figure 7 King's Cross station, London.

entrance, about the approach, arrival and entrance to the building. Arrival by car at an airport, for example, generally has well organised traffic routes and clear signposting that allows convenient dropping-off of passengers, under cover, before the driver continues to a parking zone. Arrival at certain hotels often evokes a feeling of welcome, comfort and an awareness of care for you as a customer. The entrances to many public buildings use scale, volume and light to convey a degree of civic importance as well as being spacious enough for the number of users. Without therefore suggesting a direct parallel in all aspects, other building types can provide clues and stimulate ideas for improving the entrances to hospitals.

Main entrance functions and qualities

2.11 The main entrance functions are primarily as follows:

- arrival and departure;
- dropping off and collection;
- meeting;
- security;
- information;
- internal communication;
- directions onwards;
- waiting.

Secondary functions include:

- shopping facilities;
- income generation.

2.12 In conjunction with these requirements the main entrance should fulfil the following qualitative criteria:

- welcoming;
- reassuring;
- caring;
- efficient;
- healthy;
- comfortable.

While these criteria are difficult to define they should be considered objectives in the design process, to inform design decisions and the specification of finishes.

Different user requirements

2.13 Careful and detailed consideration of all users' requirements is essential to ensure a well designed environment. It is important to have a special awareness of requirements for:

- people in a state of stress or distress;
- people with physical or sensory disabilities;
- the old and infirm;
- parents with babies in pushchairs or young children;
- children themselves as they form their first impressions about a hospital environment.

Changing demands

2.14 The main entrance may need to have the facility for future change. Current directions of change that have an impact on the design of the approach and main entrance are primarily:

- the demand for quality;
- the increasing number of people attending hospital;
- the changing age structure of the population;
- the requirement for better security;
- the development of income-generating space and its implications in terms of alternative funding sources;
- a movement to create separate functional hospital units – hospitals within hospitals – that will each have their own entrance.

Figure 8 St Mary's Hospital, Isle of Wight. Main entrance canopy and draught lobby.

Income generation and alternative funding

2.15 The potential for income generation within the main entrance from commercial units and voluntary organisations is well accepted, and is a matter for local policy. Some hospitals are investigating alternative funding sources for financing the refurbishment or extension of existing main entrances or the construction of new main entrances. These focus on the introduction of retail units and the anticipated income they will generate, providing an up-front capital source that will meet part, or possibly all, of the cost of the building work.

2.16 The introduction of this type of commercial enterprise may well provide for other benefits in association with the development, such as upgrading the waiting areas and the information and enquiry desk.

2.17 Chapter 5 paragraphs 5.25–5.30 give further information on shop units in general.

3.0 The approach and arrival

The journey

3.1 Transport links will have been considered in the initial selection of the site for a new hospital. Travel distances to the hospital are often quite long and can be stressful, and the stress to the patient or visitor may be further increased by feelings of apprehension.

3.2 Modes of transport will range from bus through all types of motor vehicle to car as well as ambulance and, occasionally, helicopter. Although direct control of those arriving does not start until the hospital site has been entered, signposting in the vicinity outside, and the organisation of bus stops, pedestrian crossings, turning lanes and roundabouts, will need to be addressed. These should also be discussed with the local authority, the county council and the various public transport local operators. Health Building Note (HBN) 45 – 'External works for health buildings' provides guidance on these matters.

Approach: key points

- location of the main entrance in relation to the hospital plan and the site;
- complete site strategy for access and circulation;
- complete site strategy for landscape, and dealing with site exposure and local prevailing weather conditions;
- separation of pedestrians and vehicles with the enhancement of the pedestrian approach as a special route;
- clear directions for pedestrians and vehicles;
- projection of a quality image of the hospital for users and passers-by;
- lighting at night.

Approach

3.3 The "approach" is defined here as the area within the hospital grounds between the entrance to the site and the forecourt to the main entrance.

Location of the main entrance

3.4 The position of the main entrance will affect matters of circulation and connections within the hospital building and on the surrounding site, and the quality of the spaces around the building. For new, greenfield sites, the

Figure 9 Conquest Hospital, Hastings.

opportunities for locating the main entrance to the hospital may be relatively unconstrained, whereas an existing site where a hospital is being extended, or an urban site with very little land, will have many restrictions. In all cases, however, the alternatives need to be carefully examined against a number of criteria:

a. hospital layout;

b. relationship to site entrance;

c. relationship to public transport facilities;

d. relationship to available parking areas to minimise walking distances;

e. existing site landscape features;

f. localised climate;

g. site circulation;

h. future development proposals;

j. characteristics of adjacent sites.

3.5 The overall strategy for the hospital's internal layout will generally locate the position of the main entrance in relation to other services. Connections to the hospital street and particular services such as out-patients, accident and emergency, and rehabilitation should be planned with the prime objective being to keep internal circulation distances to a minimum.

Site strategy for access and circulation

3.6 The external site layout needs to be considered at the earliest stage of the project. The first step will be to undertake a full site survey and appraisal, including assessing the preferred positions for pedestrian and vehicular access to the site. Detailed guidance on this is given in HBN 45 Chapter 2.

3.7 The arrival point onto the site should be thought of as a gateway to the hospital. The location of the site entrance and the main entrance should provide a suitable approach route and allow efficient site circulation, with the layout, detail and management of this area exercising subtle but clear control. A direct view of the main entrance canopy from the point of arrival onto the site is desirable, since it gives a clear visual goal and provides a landmark for orientation while approaching the building. Aligning the approach road with the entrance canopy before directing cars away to the visitors' car park (see Figures 10, 11 and 20) gives a further emphasis to the main entrance, and reinforces the patient's or visitor's understanding of the layout of that part of the site. A person under stress is less able to read conventional signing, and these additional ways of helping people orientate themselves will assist them in wayfinding.

3.8 In an urban setting where little space is available, scope may be restricted for providing a transitional space between the town and the hospital, but some special treatment of the immediate external area, in terms of paving, lighting, planting and colour, should be considered.

Site strategy for landscape and local prevailing weather conditions

3.9 The vehicular and pedestrian approach to the main entrance should be routed through areas of landscape, and not through large areas of unrelieved car parking. An avenue of trees, or areas of lawn and planting, will provide a memorable quality to the arrival at the hospital. Vehicles can then be directed on to the parking areas, but the first impressions remain green and pleasant.

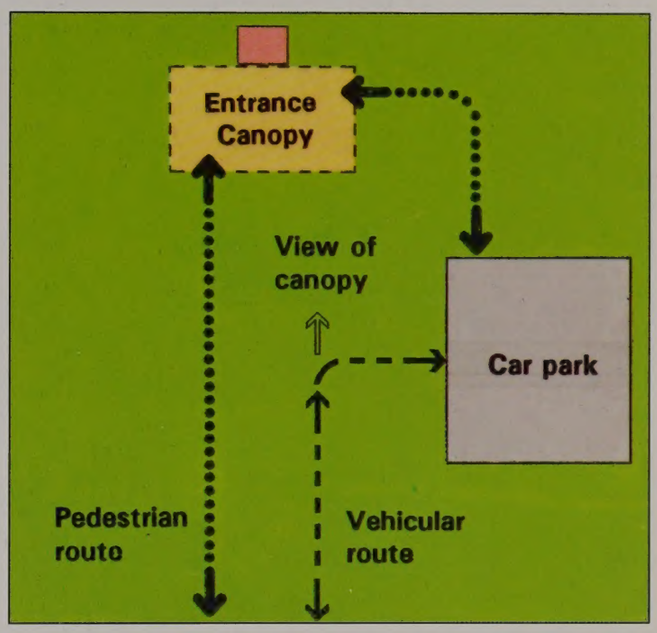

Figure 10 Pedestrian and vehicular approaches to the entrance. Pedestrians are given priority, and drivers offered a clear view of the canopy before parking.

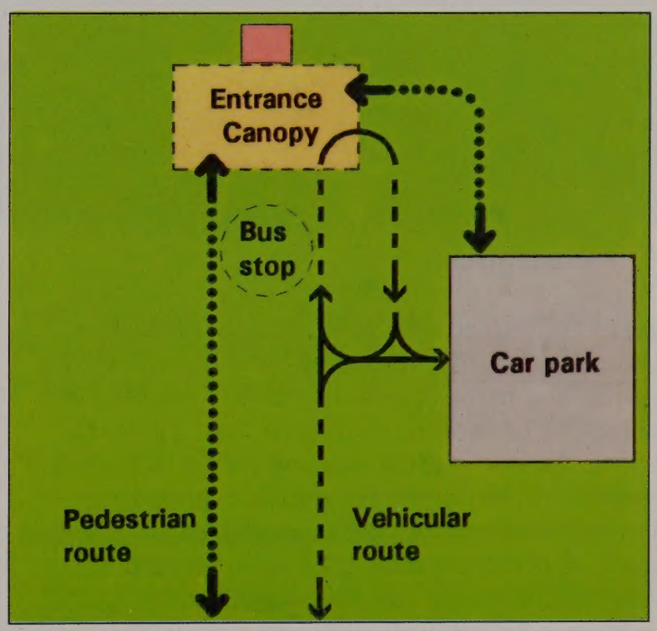

Figure 11 Pedestrian and vehicular approaches to the entrance. Drivers may drop off and pick up passengers. A bus stop is incorporated. Pedestrian and vehicular separation is maintained.

Figure 12 Clifton Community Hospital, Lancs. The main entrance canopy includes a glazed side wall to protect the entrance against the strong prevailing wind.

3.10 The site appraisal identified in paragraphs 3.6–3.8 will form a starting point for consideration of the landscape. In addition to the new landscape work, grading and planting, the building itself will have great impact on the landscape and local environment, generating wind patterns, shading, and affecting existing planting.

3.11 The main entrance forecourt and canopy should be located and designed to:

a. ensure a moderate local climate;

b. avoid strong winds;

c. give shelter from the prevailing weather;

d. provide sunlit areas to the associated external and internal spaces.

3.12 Planting and landscaping should be designed in accordance with HBN 45 Chapter 8 and 'Estatecode'. Any existing mature landscaping should be retained if at all possible. Landscaping and external artwork should be appropriate in scale to the route and users, setting different requirements for planting to footpaths or to roadsides. Planting along the pedestrian approach in particular should make use of different colours, leaves, textures and fragrances, within the seasonal changes. Ease of maintenance is important to ensure that the quality of the landscaping will be maintained and improve as the planting becomes established.

3.13 Landscape and external art features can also provide landmarks to assist the orientation of the user around the site (see paragraphs 6.15–6.24). Prominent objects such as a large tree or group of trees, a sculpture, and the main entrance canopy, will assist in providing points of reference for drivers and pedestrians. These may be lit at night to maintain the ability to refer to these features in wayfinding.

Separation of pedestrians and vehicles

3.14 Reference should be made to HBN 45 Chapter 3 for detailed guidance on the layout and design of footpaths, roads and cyclepaths.

3.15 Pedestrian and vehicular (and possibly cyclist) routes should be segregated, with priority being given to pedestrian routes (see Figures 10 and 11). The separation can be achieved through hard landscaping, planting, and changes in levels. Cross-over points should be carefully considered and designed to be safe, with clear sight lines for both drivers and pedestrians (including children), and clear priority for pedestrians. Guard rails should be considered, and possibly even traffic lights on routes not used by ambulances. Surface textures and materials should be used to enhance the differentiation between pedestrian and vehicular routes, and to identify special areas such as cross-over points. Pronounced textures may also assist partially sighted or blind people in following a route;

Figure 13 Conquest Hospital, Hastings.

the change in texture might be used to define the edges of a route, while leaving the path flat for safety and ease of moving wheelchairs and pushchairs.

3.16 Ramps and steps may be required, and can also be used as part of the design of the landscape to enhance the pedestrian approach. Careful consideration of the needs of disabled users should be given to ensure easy use by everyone (see HBN 45 paragraph 3.45). Footpaths should be designed to be non-slip and free draining, and avoid the build-up of ice in winter. Handrails may be required in certain areas, and possibly a bench seat at the top of a flight of steps for an elderly person to rest.

3.17 Consideration should be given to the protection of pedestrian routes from wind and rain, particularly in exposed sites. This may be achieved through a combination of planting and sheltering canopies. A bus stop should always provide shelter.

Clear directions for pedestrians and vehicles

3.18 A well planned and comprehensible layout of paths and roads will help the users find their way around the site with the assistance of key signs and landmarks.

Figure 14 Royal Bournemouth Hospital. Main entrance pedestrian approach.

3.19 Written signs should reinforce the "signs" inherent in the design of the approach (see also paragraphs 6.15–6.24). Signing needs to be considered separately for the pedestrian and the driver, distinguishing between the scale of lettering required for observers moving at different speeds. Clear indication of visitors' parking should be provided without requiring a driver to read through several signs when approaching a junction or roundabout.

3.20 Pedestrian signing (and maps if used) should be set at an appropriate height, including for wheelchair users, and should be located close to turnings and cross-over points to avoid ambiguity. See Health Technical Memorandum (HTM) 65 – 'Signs'.

Lighting

3.21 External lighting should be designed to ensure that the pedestrian and vehicle routes are safe and secure, as well as to enhance the quality of the approach and the entrance area after dark. Lighting should emphasise cross-overs of roads and footpaths, bus stops, pick-up points and any hazards.

3.22 HBN 45 Chapter 4 gives detailed guidance on matters of external lighting.

Parking

3.23 The provision, location and design of car parking needs to be considered at the early stages of site planning to ensure that the foreground and approach to the hospital are not given over to and obscured by unsightly parking areas. Nor should visitors have long travel distances from the car park to the main entrance. A complete site strategy that controls parking for patients and visitors, staff, disabled users and temporary parking for medical transport and service vehicles, is essential. See HBN 45 for detailed guidance.

Parking: key points

- a landscaped approach to the main entrance;
- location of adequate parking as close as possible to the main entrance, including designated areas for disabled users;
- easy wayfinding, clear signing;
- retention of existing landscape features and extensive landscaping of parking areas;
- designated areas for bicycles and motorcycles;
- separate parking for staff;
- control of unauthorised parking;
- security against vandalism and theft;
- suitable night lighting.

Main entrance forecourt and canopy

3.24 The main entrance canopy and external entrance area form the initial focus and goal for the arriving visitor or patient. The layout should provide protection from the weather while giving space for the many activities related to people arriving and leaving.

A visual goal when approaching the building

3.25 The design of the building, canopy and forecourt should inherently draw attention to the main entrance and guide patients and visitors to it, without the necessity for them to read and follow signs. The need for visibility of the main entrance from the point of arrival on the site, and the requirements for access and circulation for ambulances and fire engines, require a prominent canopy and an openness to the forecourt. This openness has to be balanced against the desire to achieve a measure of protection and a sense of place by introducing a degree of enclosure (see paragraphs 3.29–3.33).

Figure 15 Chirk Community Hospital. Disabled parking spaces and forecourt with hard and soft landscaping.

Main entrance forecourt and canopy: key points

- a visual goal when approaching the building;
- a symbolic entrance to the hospital;
- prominent signing;
- a shelter when arriving and departing;
- a pull-in area for dropping off and picking up without the entrance becoming obscured by vehicles;
- pedestrian priority;
- an outside waiting area and garden;
- visual monitoring of forecourt by hospital staff;
- disabled parking nearby;
- suitable night lighting.

3.26 The canopy itself should be designed and constructed to avoid throwing the forecourt area into deep shadow. It should also be more distinctive and obvious than that to the accident and emergency entrance, in order that there is no ambiguity about which one forms the main entrance. See also paragraphs 3.38 and 3.39.

A symbolic entrance to the hospital

3.27 In addition to its functional requirements, the entrance area is a symbolic entrance to the whole hospital complex; a point of arrival into the care of the health service, and arrival into an important building serving a public need. As such, the area should be of a quality that one would expect of an entrance to a major public building. The canopy should be of a special nature and the forecourt should have special landscaping. The forecourt can be distinguished from the surrounding hard landscape by the introduction of paving materials giving a richness of texture and colour. This might be further enhanced by other landscaping such as planting out fragrant flower beds or incorporating a water feature pool, and by a sculpture or other art object prominently displayed.

Prominent signing

3.28 There should be a prominent sign on the main entrance, visible from the direction of the pedestrian approach. Other signs are likely to be required in the vicinity. Typically some of these will be directed towards drivers, regarding restriction and control of vehicles in the forecourt area; others will be directed to the pedestrian, regarding matters such as a policy of no smoking within the hospital, or providing directions for people leaving and finding their way back to the car park or bus stop. See also paragraphs 6.15–6.24.

Figure 16 Proposal for canopy and forecourt to the main entrance of a Nucleus hospital. The design illustrates the plan in Figure 18.

A shelter for arrival and departure

3.29 The design of the forecourt and canopy needs to be carefully considered to provide shelter, while catering for a variety of users and remaining uncluttered and accessible.

3.30 The forecourt should be designed to give pedestrians priority while allowing ambulances and private vehicles or taxis to draw up and discharge or collect passengers under the shelter of the canopy. Vehicles should not obscure the view of the main entrance for the approaching patient or visitor, and this is likely to require the set-down point to be located to one side (see Figure 20). Space should be provided for ambulances to pull in beside, but not in front of, the entrance. Separate ambulance parking bays should be provided nearby, and ambulance drivers should be discouraged from waiting in front of the main entrance. Dimensions for these vehicles should be checked locally when preparing the design.

3.31 The plan arrangement of the adjacent parts of the building will greatly influence the degree of shelter or exposure provided to the external space. In exceptionally adverse locations the canopy may need to form a full enclosure (see Figure 12).

3.32 Control of vehicles within the forecourt area by means of an automatic barrier may be necessary, with the barrier operated either remotely by intercom or by a security officer in a small free-standing office.

3.33 Bicycle racks, posts or railings should be provided adjacent to the main entrance to allow cyclists to park and secure their bicycles. Numbers should be assessed locally.

Visual monitoring of forecourt by hospital staff

3.34 The ambulance liaison officer, and possibly the head porter and security officer, should have a direct view of the forecourt area from their offices in order to monitor activity and security within this area. A CCTV camera may also be appropriate for security monitoring.

3.35 Patients and visitors seated in the transport waiting area should also have sight of the forecourt so that they can relax while waiting to be collected.

Disabled parking

3.36 Parking provision for disabled drivers should be made at the closest available location while adhering to the above criteria (see also paragraph 3.23 above). It is desirable for

drivers to be able to move from the parking space to the main entrance without having to cross roads.

Night lighting

3.37 Lighting levels to the main entrance canopy should ensure its prominence when approaching the hospital at dusk or after dark. Where local policy requires the main entrance to be closed in the evening and people are instead directed to the accident and emergency entrance, the lighting should be correspondingly altered automatically at that time and maintained as such until the main entrance re-opens.

Outside waiting area and garden

3.38 A level of enclosure should be considered to create a comfortable outside area. Ways of achieving this will vary depending on the degree of exposure of the site and the orientation of the entrance. Protection can be achieved in part with planting of bushes and hedges, and in part with the form of the building and canopy.

3.39 External seating should be considered, preferably in a position that catches the sun, with planting and flowers beside it to create a little outdoor garden that might be used by people awaiting collection or visitors wishing to wait outside, perhaps to smoke a cigarette or just to enjoy the fresh air and pleasant surroundings.

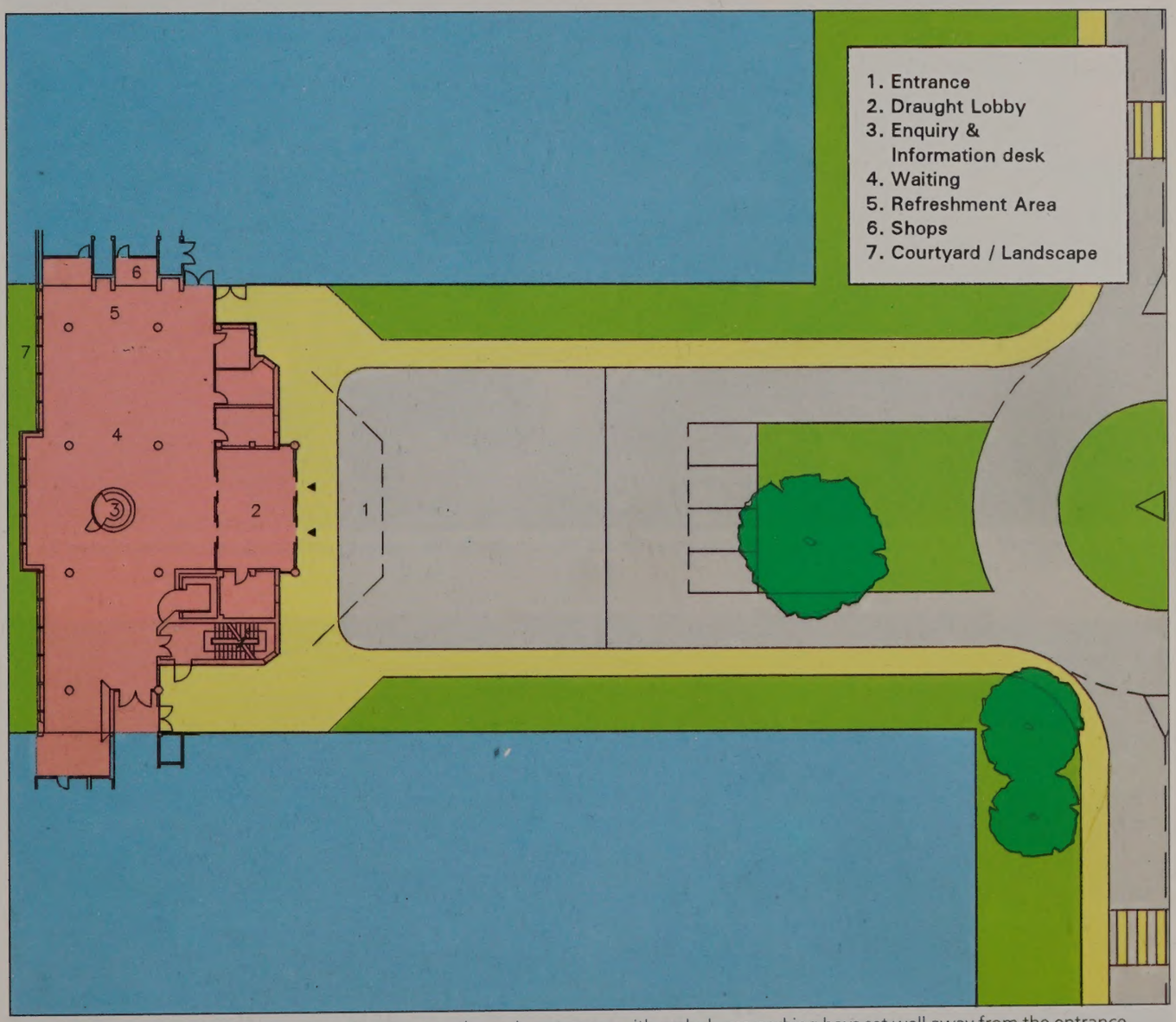

Figure 17 Conquest Hospital, Hastings. Forecourt to the main entrance, with ambulance parking bays set well away from the entrance doors.

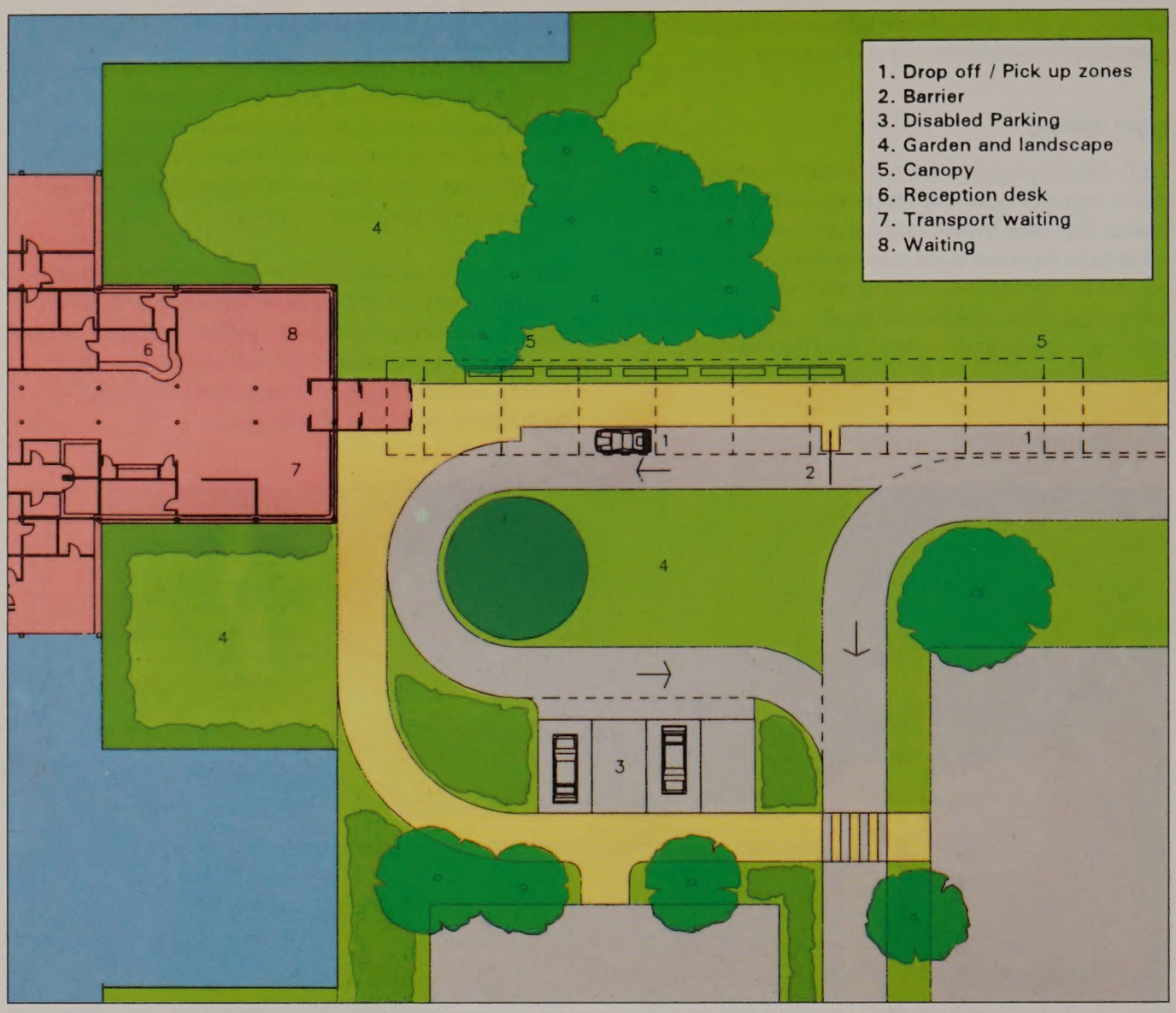

Figure 18 Proposed typical forecourt arrangement showing a Nucleus main entrance. This relates to the interior plan shown in Figure 34.

Figure 19 Deeside Community Hospital, Clwyd. Main entrance forecourt.

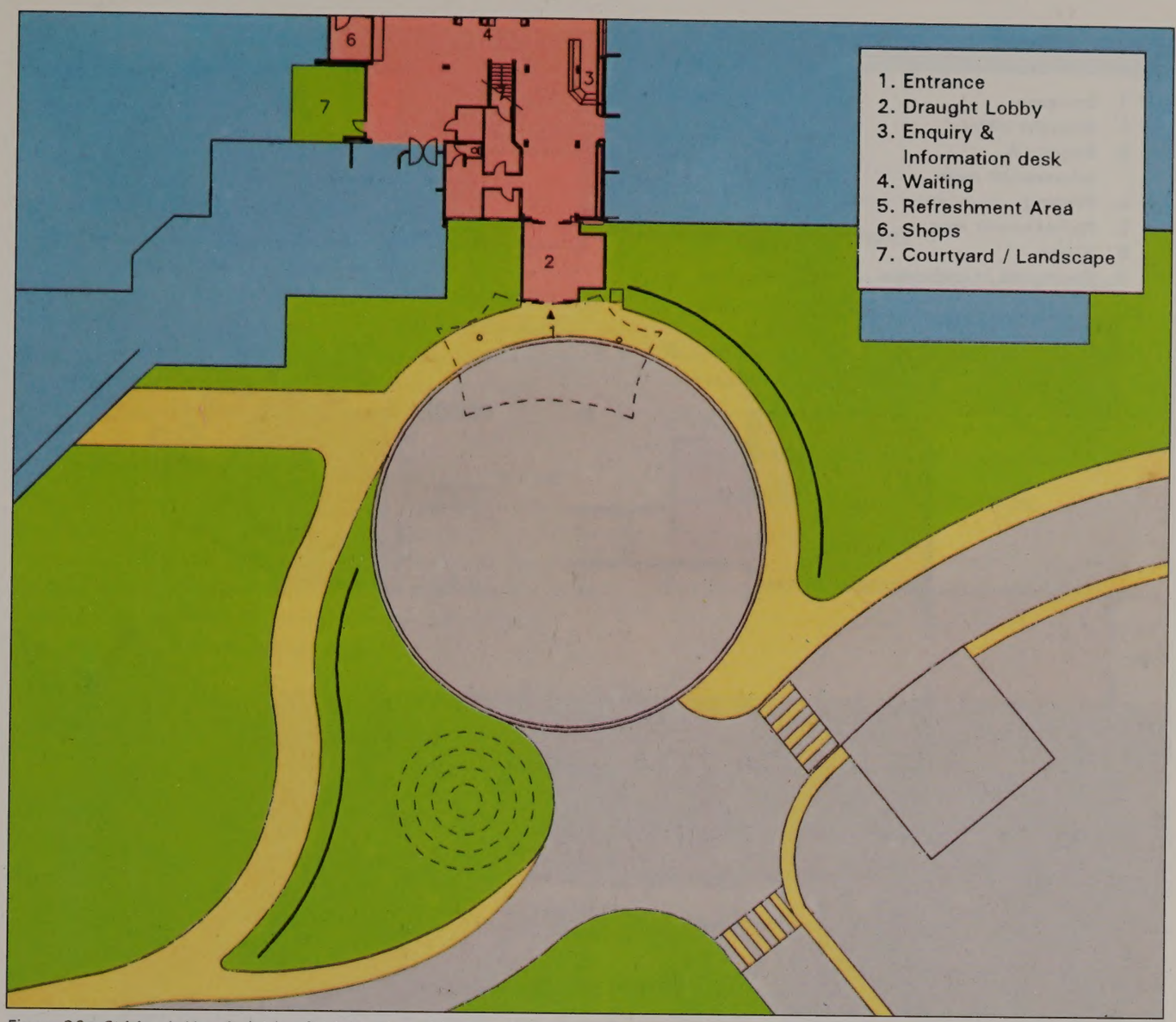

Figure 20 St Mary's Hospital, Isle of Wight. Plan of forecourt.

Figure 21 St Mary's Hospital, Isle of Wight. Main entrance forecourt and canopy.

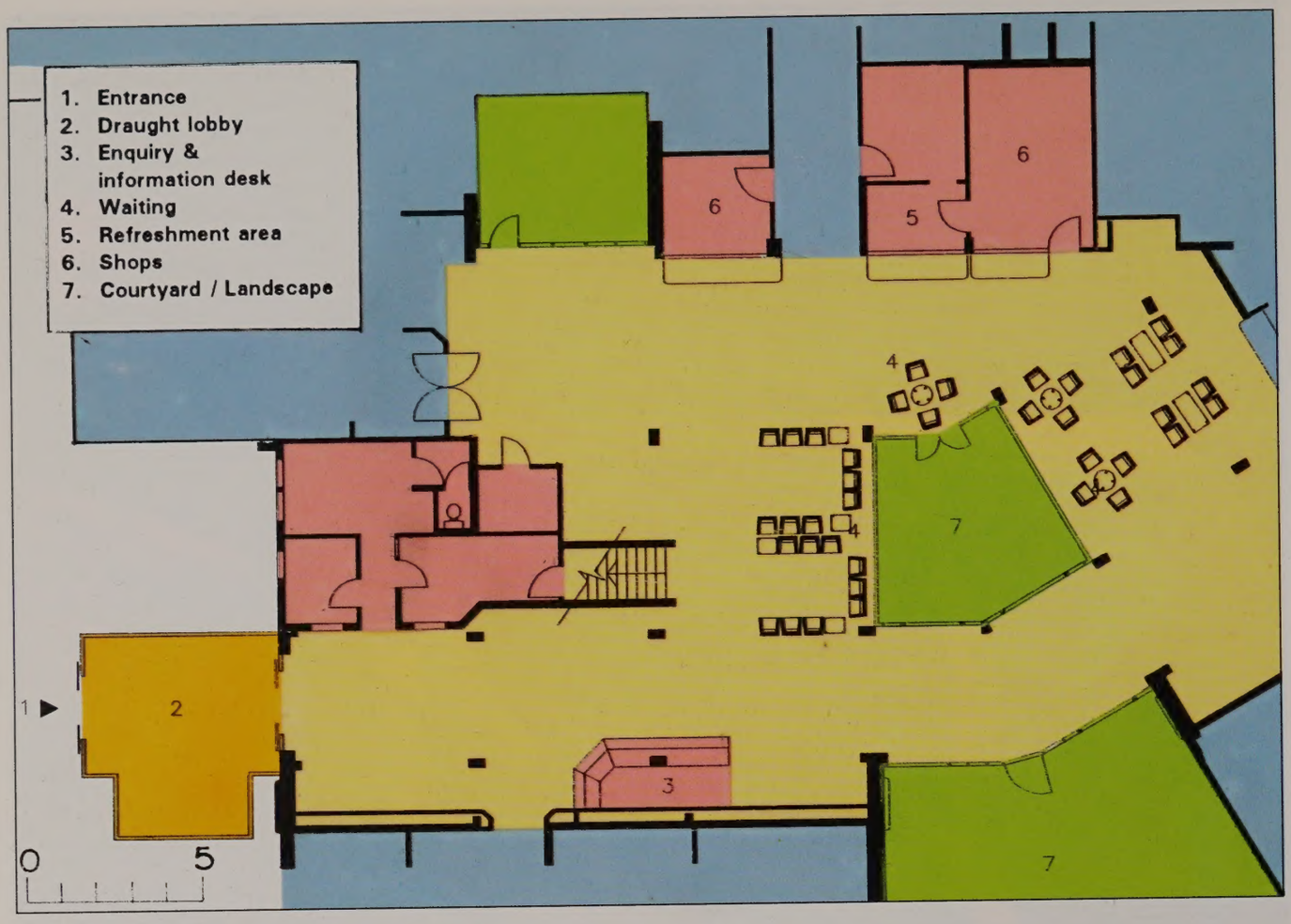

Figure 22 St Mary's Hospital, Isle of Wight. Plan of main entrance.

4.0 The entrance area

General considerations

4.1 The entrance and concourse are the first major internal spaces that establish an impression on the patient or visitor, and as with other areas connected with the main entrance and approach, the quality of the spaces will affect the patient's or visitor's perception of the quality of the service offered at the hospital (see also Chapter 5).

4.2 In most hospitals, the junction between the entrance area and the concourse will be an artificial one, movement from one to the other being a gradual transition or progression. However, for the purposes in this guide, the "entrance area" can be considered as the area immediately inside the entrance doors. This includes the draught lobby and the information and enquiry desk.

Draught lobby: key points

- reduce heat loss and maintain thermal comfort within the entrance area;
- size to accommodate movement of patients on trolleys with attendants;
- door width to accommodate a double buggy or wheelchair passing in opposite directions;
- provision for extinguishing cigarettes;
- dirt collection floor surface;
- view ahead to enquiry and information desk.

Figure 23 Hospital of St John and St Elizabeth, London. Main entrance reception.

Draught lobby

4.3 The size and arrangement of the draught lobby should be carefully considered. It will need to take into account the following:

a. plan arrangement:
   (i) to suit site exposure;
   (ii) to suit patterns of use;
b. requirement for automatic or conventional doors;
c. night-time access and security;
d. fire escape and security requirements.

Plan arrangement

4.4 Experience of most existing hospitals shows that the draught lobbies are normally ineffective. Their failure causes discomfort to people inside, in particular to the staff at the enquiry and information counter, as well as heat loss from the building. The factors affecting this are:

a. the site exposure;

b. the external forecourt layout and the localised climate that it generates;

c. the arrangement of the draught lobby and doors.

4.5 A generous lobby will enhance the quality of the arrival in the building. The simplest arrangement of lobby with two sets of opposing doors is likely to be acceptable only in sheltered locations. Even the smallest lobby should be deep enough to accommodate a patient trolley with an attendant at each end (see Figure 25). Making the lobby deeper will ease the problem of draughts by allowing more time for one set of doors to close before the second set is opened. In practice the distance necessary to achieve complete closure of the first set of doors before the second set is opened by a person moving at normal walking speed, will require an exceptionally deep lobby area.

4.6 Setting the doors at right-angles (Figure 25) will be more effective in draught control than having doors opposite each other. The lobby will need to be widened to accommodate the less direct movement patterns. In all arrangements there should be space for people to move aside to allow for a disabled person and helper, or trolley with attendants, to pass.

4.7 It is recommended that a warm air curtain be installed above the inner doors to the draught lobby (see HBN 51 – 'Accommodation at the main entrance of a District General Hospital' paragraph 6.30) to improve comfort internally. The air curtain should be integrated into the design.

4.8 Wheelchairs and trolleys may be stored within the lobby. However, to avoid clutter in this prominent area, designers and managers may prefer them to be stored nearby within the building (see Figure 34 and paragraph 4.29).

Doors

4.9 Entrance doors are often a source of complaint. The different types have various merits and disadvantages, and will need to be carefully evaluated in the context of local requirements:

a. *Non-automatic side-hung doors*
These will rarely be suitable. They need to have self-closing devices and are usually too heavily sprung for a frail or disabled visitor or patient to use without difficulty. Apart from the inconvenience to the user, doors may be damaged where wheelchairs scrape against them as they close, or they may require a porter to be available to assist people entering and leaving. However, these doors do have a cost advantage over automatic doors;

Figure 24 St Mary's Hospital, Isle of Wight. Entrance doors.

b. *Automatic sliding doors*
These are the most convenient to use and provide easy access for disabled people and patient trolleys. Disadvantages are the installation and maintenance costs, and the tendency for the arrangement and size of the lobby to allow both sets of doors to be open at the same time (see above), thereby causing draughts;

c. *Automatic side-hung doors*
These are seldom used and have no advantages over automatic sliding doors, unless the draught lobby is unusually narrow and there is insufficient space either side for sliding doors to open;

d. *Automatic revolving doors*
These may be suitable if the doors are exceptionally large and have a controllable speed of rotation. Revolving doors have the advantage over other door arrangements of completely preventing through draughts, but may prove the most expensive of all options. However, an ancillary automatic sliding or hinged door will be needed beside the revolving door since some users, such as those using walking frames or wheelchairs, may be unable to use the revolving door, or may be anxious about using it.

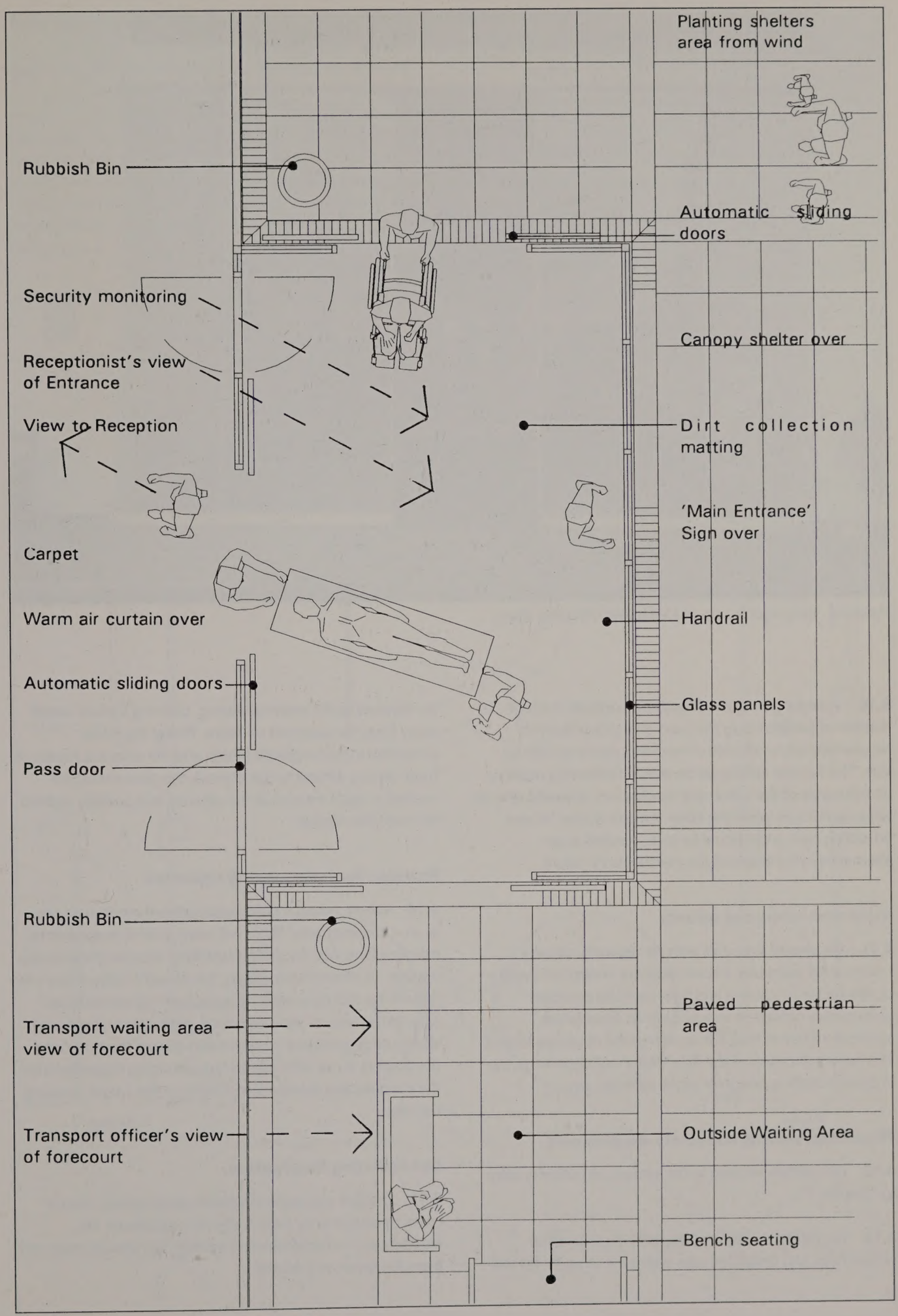

Figure 25 Typical proposed small draught lobby.

Figure 26 Hospital of St John and St Elizabeth. Entrance doors.

4.10 In larger general and teaching hospitals the high number of people using the main entrance is likely to require two sets of double or revolving doors set side by side. This has the additional benefit of facilitating repair or maintenance of the automatic mechanism, allowing one set to be worked on while the other remains in use. Where possible a pass door should be incorporated as an alternative in the event of the mechanism's failure.

Night-time access and security

4.11 For smaller hospitals with no separate casualty entrance for night use, a door intercom control unit with closed circuit TV camera and light could be provided immediately outside. It should have an appropriate, adjacent written notice, for use when the doors are locked. The internal location of the TV monitor will depend on the hospital's staffing policy for night-time security.

Fire escape, security and safety requirements

4.12 For matters relating to fire escape and security refer to Chapter 7.

4.13 For safety, thresholds should be flush to allow wheelchairs and trolleys to pass with ease. A slight fall will be required to the external paving, draining surface water away from the outer set of doors. Where the lobby comprises in part a glazed screen and the adjacent panels of fixed glazing extend to the ground, the glass should be marked in such a way that it is obvious to a partially sighted or inattentive visitor.

Provision for extinguishing cigarettes

4.14 Where hospital policy establishes the entrance area as a no smoking area, there will need to be a receptacle for extinguishing and discarding cigarettes located immediately outside, or alternatively within, the draught lobby. Failure to provide for this may result in unpleasant cigarette debris around the area of the outer doors as visitors and patients wait outside to have a cigarette and discard the butt onto the ground. It can also lead to users bringing cigarettes into the building and extinguishing them on the carpet, causing damage.

Dirt-collecting floor surface

4.15 Durable and easily cleanable doormatting should cover the entire floor area. It should not hamper the movement of wheelchairs and trolleys, but should retain dirt from footwear and wheels.

Entrance and information/enquiry desk

4.16 The entrance area immediately inside the draught lobby provides a space for re-orientation for the patient or visitor arriving, and a place for people to pause before departing. The information and enquiry desk will, in most cases, be the first destination for the arriving person. It should be clearly signed so that it is immediately apparent. Signposting to key destinations, such as out-patients or rehabilitation, should be located beyond the desk (see paragraphs 6.15–6.24).

Entrance: key points

- re-orientation space for arriving patients and visitors;
- information and enquiry desk immediately apparent;
- a minimum of essential directional signs;
- high standard of finishes;
- well organised and uncluttered;
- light and spacious atmosphere.

Information and enquiry desk: key points

- visible from entrance;
- open and welcoming;
- high quality materials;
- purpose-made to suit local requirements;
- convenient for disabled users;
- staff surveillance of entrance and waiting areas;
- staff comfort and safety.

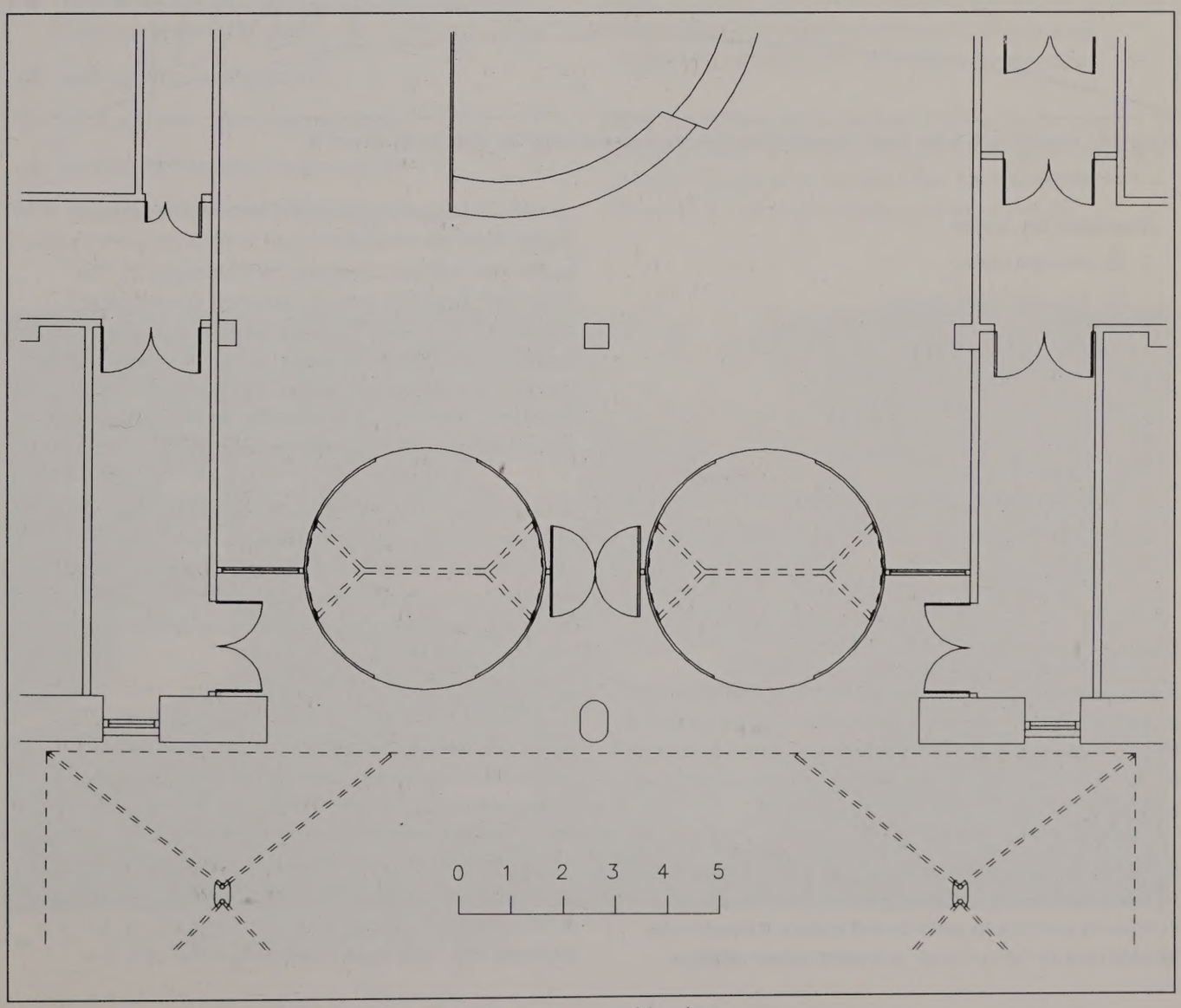

Figure 27 Westminster and Chelsea Hospital, London. Main entrance revolving doors.

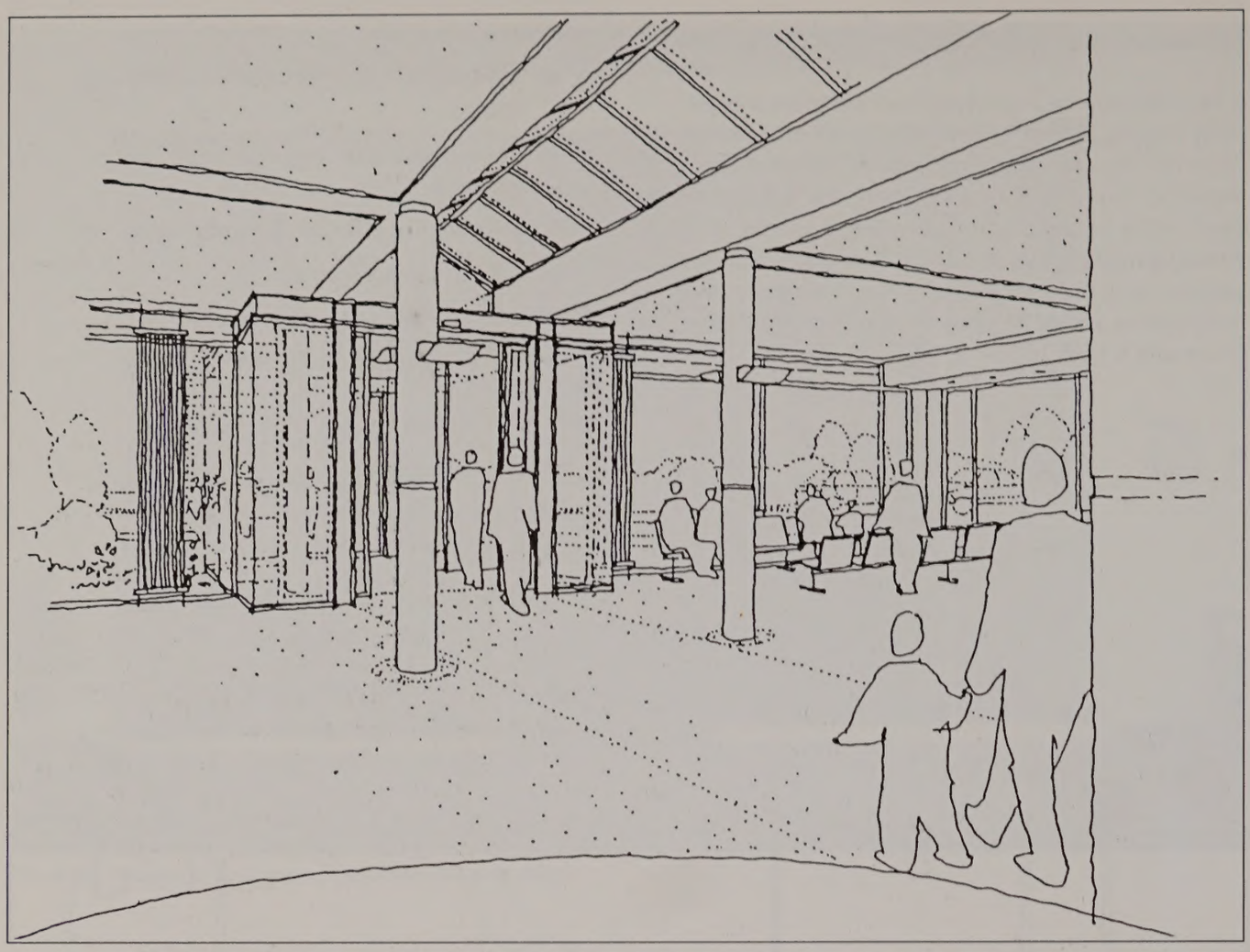

Figure 28 Looking back at the glazed draught lobby from the reception desk. See also Figures 34 and 36.

Associated key spaces

(i) draught lobby;
(ii) transport waiting area;
(iii) main waiting area;
(iv) concourse;
(v) wheelchair and trolley store.

Associated secondary spaces

(i) ambulance liaison officer's room;
(ii) voluntary workers' room;
(iii) patient admissions office.

Plan arrangement

4.17 The entrance area immediately inside the doors should provide enough space for people to pause on arrival or before leaving, giving enough room for others to pass. In many hospitals an additional doormat is placed at this point, and this should be considered at design stage.

4.18 The information and enquiry desk provides a point of discreet security and overseeing of the entrance area as well as offering a service to patients and visitors. It needs to be located near to the entrance, at a point where all those arriving and departing pass by it. It should be set back slightly from the circulation route to allow people to queue by the desk without disrupting others passing by. The desk itself should be specially designed to meet local requirements. In some hospitals the staff manning the desk may have several functions and may be required to oversee the main entrance forecourt in order to monitor arrivals and departures. Staff should also be able to oversee the main waiting area and the transport waiting area.

4.19 In small community hospitals the desk may also be combined with the general office (see Design Guide – 'The design of community hospitals', paragraph 9.8.3) for economy of staffing, and will need to be located accordingly adjacent to general office accommodation.

Desk design

4.20 The desk should be specially designed to a high standard with good quality materials and form a visually prominent feature within the entrance area. It should be open and welcoming to patients and visitors while being both comfortable and safe for the staff working behind it. The positioning of the desk in relation to adjacent walls will affect whether it appears open and "welcoming" or more enclosed and "defensive". Generally, a low desk that

projects out into the main space gives better contact between staff and patient or visitor, and creates a welcoming quality. In contrast, one that is set behind an opening within a wall appears less approachable, with the staff more remote.

4.21 The detailed design of the desk should take into account the function of the staff behind it and any additional duties they may undertake other than dealing with enquiries from patients and visitors. Matters to be considered include:

- supervision of the entrance and waiting areas;
- distribution of printed information leaflets;
- general assistance to patients arriving or departing;
- special facilities for the physically and sensory disabled;
- use of computer terminals and printer;
- storage requirements;
- telephone connections;
- relationship to other hospital services;
- central fire and security alarm controls (in smaller community hospitals only);
- staff security and protection;
- local policy on night-time operation;
- location of door entryphone monitor.

These are discussed in detail below.

Activities

4.22 The desk needs to provide areas for reception facilities, where the counter can remain clear, tidy and presentable, and for other duties which may involve paperwork, answering of telephones or other administrative operations. It may therefore need two distinct zones: one open counter at a low desk level, the other raised on the side of the public, to enclose papers and provide for the discreet incorporation of a computer terminal and possibly a printer on the staff side. Wireways will be needed connecting back to the general office or other points as required.

4.23 The counter should be low enough, at least over part of its length, to allow for comfortable use by visitors, patients or staff in wheelchairs, or for frail or disabled people who need to sit down.

4.24 In small community hospitals or others where the desk may also combine as the reception for minor casualty, out-patients or a day hospital, it may be appropriate to have an adjacent counter with a degree of separation and acoustic privacy. This provides a place where a patient can sit down and provide any necessary details in confidence.

4.25 If a magnetic induction loop system is to be provided for the assistance of people who are hard of hearing, a space will be needed for the microphone position.

4.26 The design of the heating to the entrance area should ensure that the space behind the desk remains warm and comfortable and does not suffer from draughts from the entrance doors (see also paragraphs 4.9–4.15).

Figure 29 Fitzroy Nuffield Hospital, London. Main entrance.

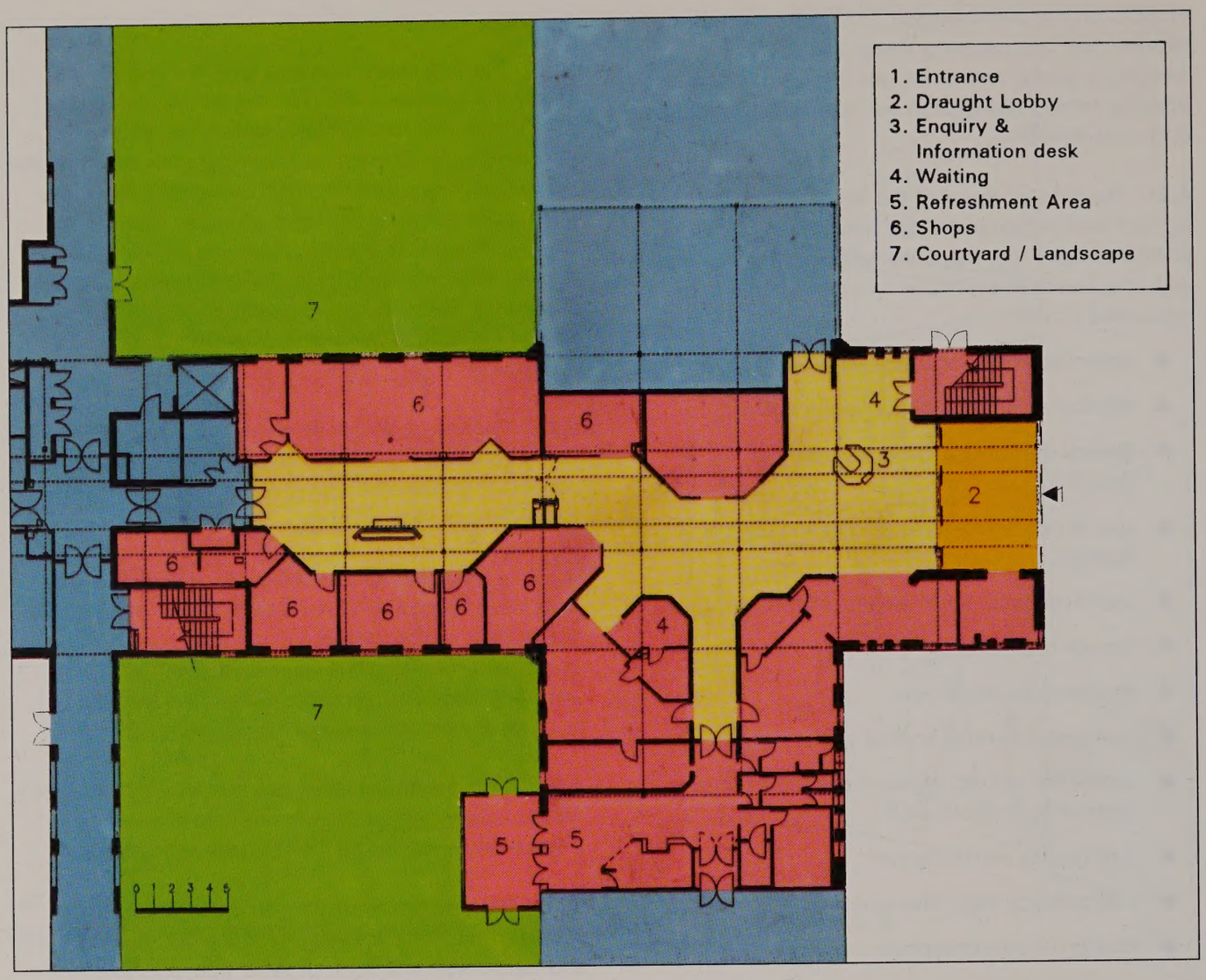

Figure 30 Royal Devon and Exeter Hospital. Main entrance plan.

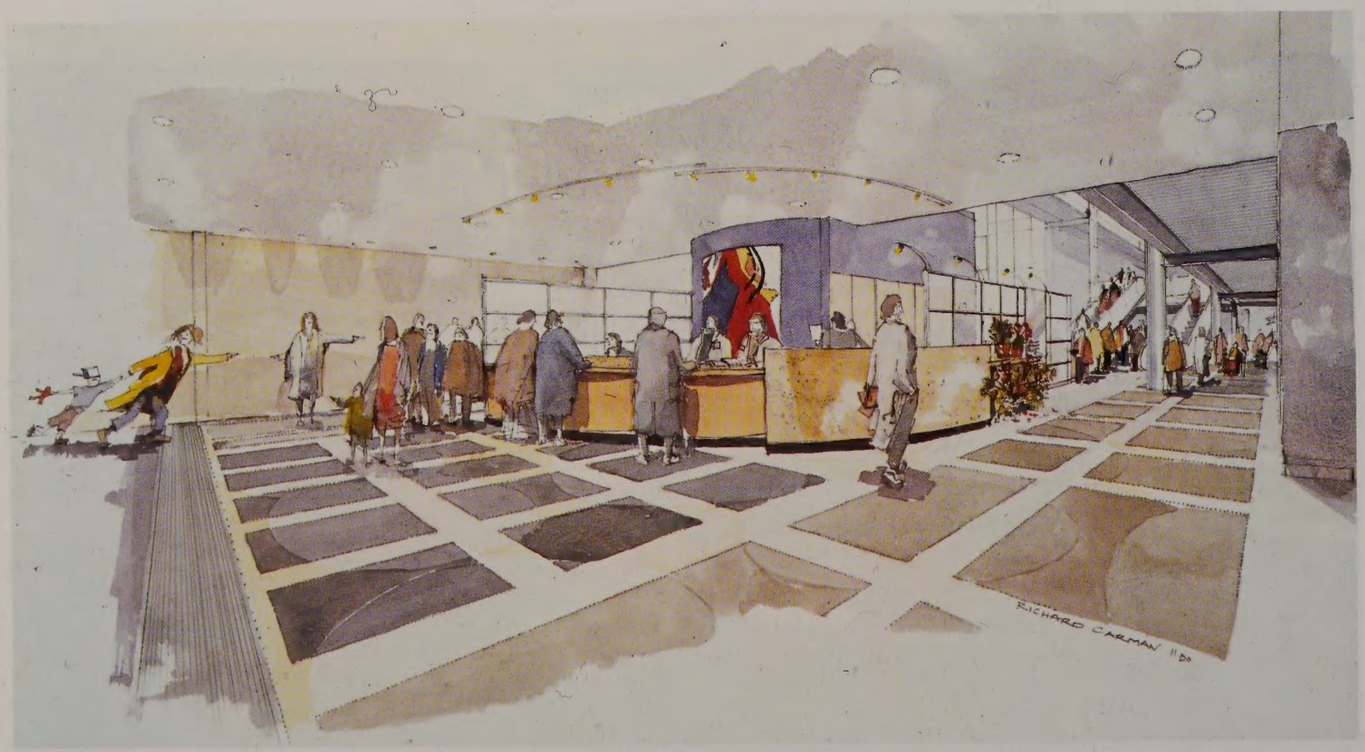

Figure 31 Westminster and Chelsea Hospital. Perspective of reception desk.

Central controls

4.27 In some smaller community hospitals where the desk is manned 24 hours a day, the fire alarm control panel and any security system control panel may be located on a wall behind the desk. Where a closed-circuit TV camera is used for visual monitoring of key areas, the monitor screen may also be located behind the desk, unless there is an alternative 24-hour security office as a preferred position.

Safety

4.28 The design of the desk should offer a degree of protection to staff where there is a perceived risk. This should preferably be achieved by means of greater depth rather than height in order to maintain an open aspect. An alarm button can be located to hand for emergency assistance. Enclosure behind a glass screen should only be considered necessary where violence to staff is a high risk, since the screen often gives a less welcoming quality to the desk. This can be mitigated by careful detailing (see Figure 53).

Transport waiting area

4.29 Waiting areas are required for patients, visitors and escorts arriving, and for those waiting to depart. Within a small hospital these will generally be combined into one, whereas in a DGH or other large hospital there may be several distinct areas. HBN 51 – 'Accommodation at the main entrance of a District General Hospital' recommends a transport waiting area and a main waiting area (see paragraphs 5.13–5.17 below). Both areas should have good views out to landscaped areas, and may well have access outdoors to small garden enclosures. Staff behind the information and enquiry desk will overlook the waiting areas. The transport waiting area should have a view outside to the forecourt and pick-up points, and it should also be observable from the ambulance liaison officer's office. Seating arrangements should create small groups, with the possibility of wheelchair users positioning themselves alongside.

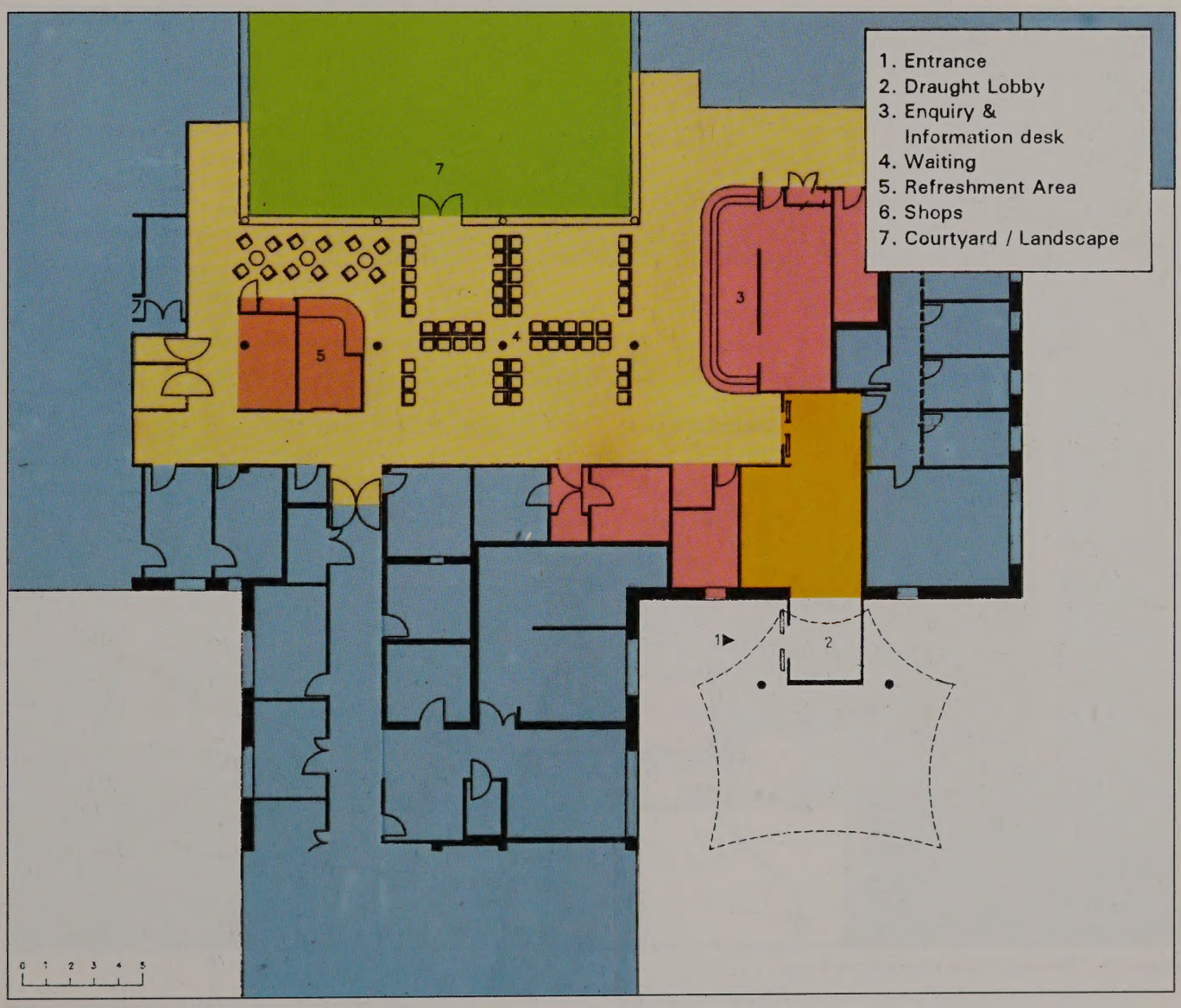

Figure 32 Mid-Kent Radiotherapy. Entrance area.

Ancillary accommodation

Wheelchair and patient trolley store

4.30 This area should be near to the entrance but need not be immediately beside, or even within, the draught lobby. The appearance of the entrance area may well be improved by setting the storage of wheelchairs and trolleys discreetly apart from the draught lobby, possibly concealing them behind a low wall (see Figure 34).

Head porter's office

4.31 This office should be near the porters' room. Staff call receivers, and duplicate master keys for the hospital, may be held here. Activities will include routine office work, informal discussions and interviews.

Security office

4.32 The security office should accommodate facilities to enable the security officer to carry out routine office work and hold informal discussions and interviews. It should also include a small sitting area for security staff to relax when they have the opportunity.

4.33 Its location should take into account:

a. access by security personnel to all parts of the hospital and to known risk areas such as the main entrance and others;

b. wireway routes from remote surveillance systems.

Ambulance liaison officer's office

4.34 The ambulance liaison officer is responsible for co-ordinating the return journeys of patients. This office should overlook the transport waiting area and forecourt. There should be space for normal administrative duties and for additional ambulance communication equipment.

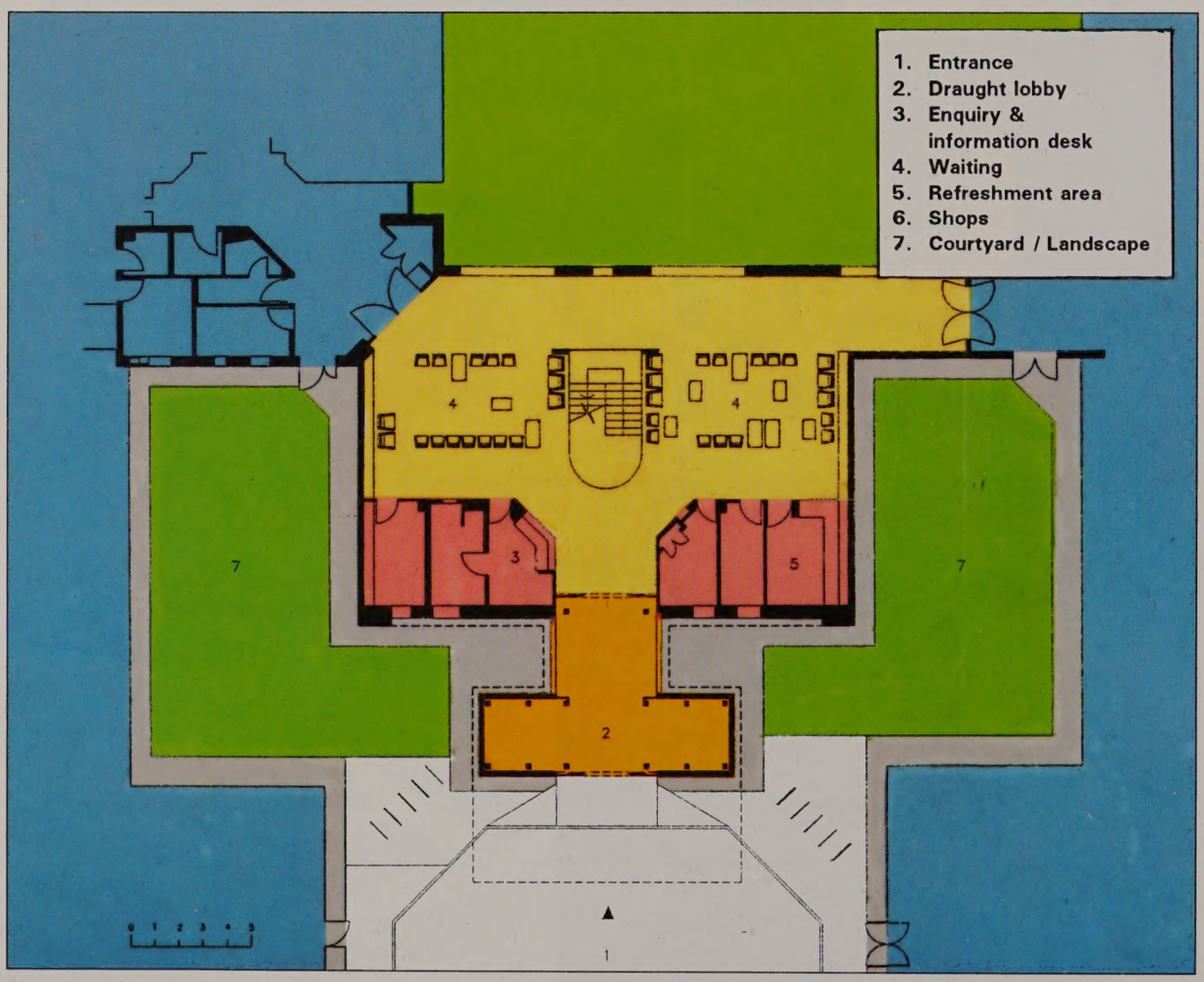

Figure 33 Wansbeck DGH. Main entrance area.

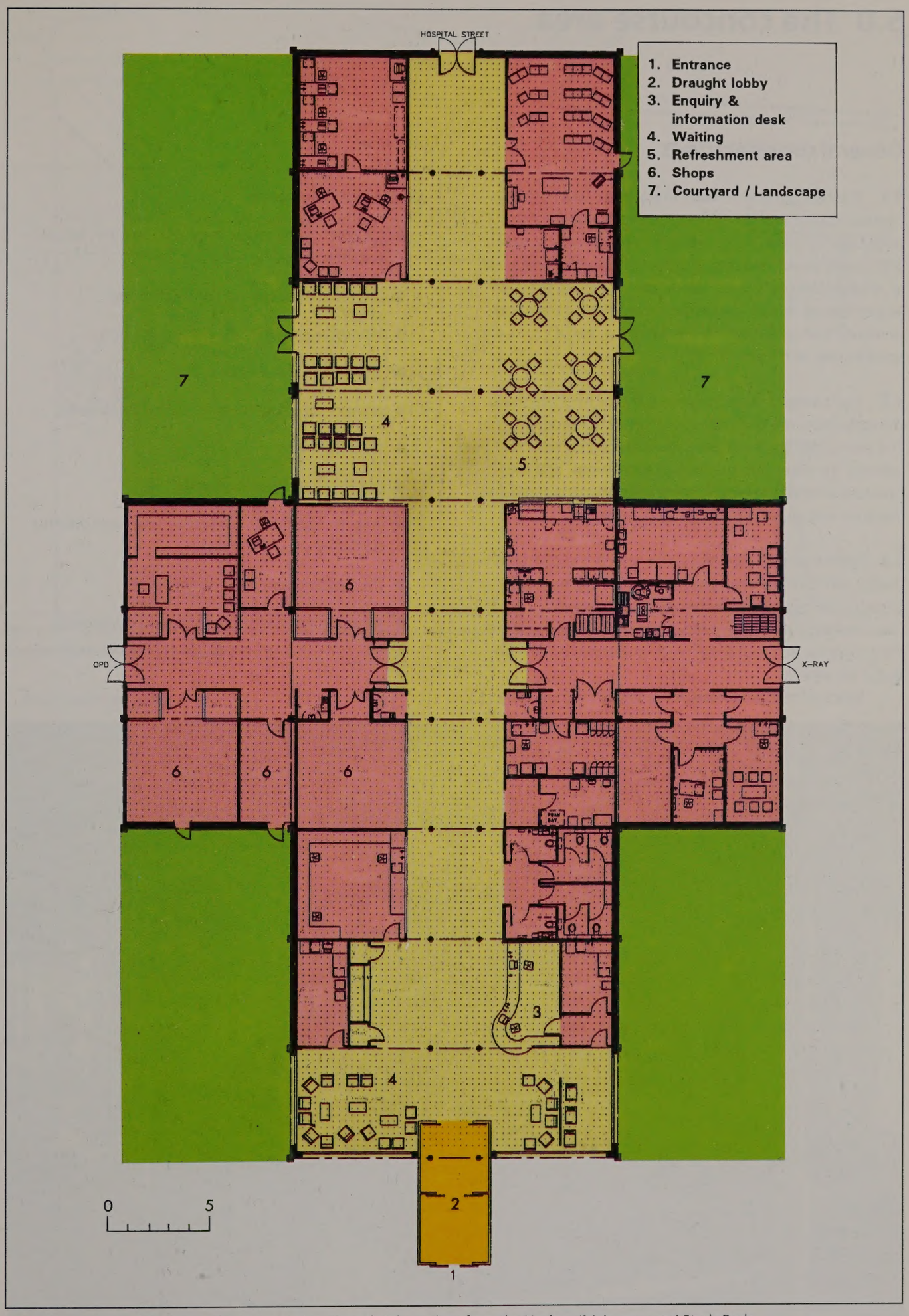

Figure 34 Proposed Nucleus main entrance plan. One of eight options from the Nucleus 'Main entrance' Study Pack.

5.0 The concourse area

General considerations

5.1 The concourse is of major importance to a hospital's communication and circulation. It forms the heart of the public spaces, connecting to the main entrance, the street, and usually to out-patients, and possibly other services such as rehabilitation or X-ray. It should be generously sized to accommodate the circulation requirements and the many functions that relate to it while retaining a feel of spaciousness and light.

5.2 The quality of the concourse is critical in establishing the early impression of quality for the whole hospital. The overall design, the finishes, the natural and artificial lighting, the views out, the fixtures and fittings, and the furniture all need to be particularly carefully considered and designed and constructed to a high standard.

5.3 Finishes in particular should be selected to be of high quality and to be durable. They should complement and enhance the overall design. Durability and ease of maintenance is particularly important so that the quality of the concourse does not deteriorate with the intensive use that it will receive.

Concourse

Concourse: key points

- location of concourse in relation to other hospital departments;
- high spatial quality and efficient design;
- interesting natural and artificial lighting;
- views out to landscape areas;
- artworks and interior planting incorporated;
- clear signing;
- public telephones accessible;
- easy circulation for wheelchair users and patients on trolleys;
- fixed position for main noticeboard;
- arrangement meets fire officer's requirements.

Figure 35 St Mary's Hospital, Isle of Wight. Concourse area.

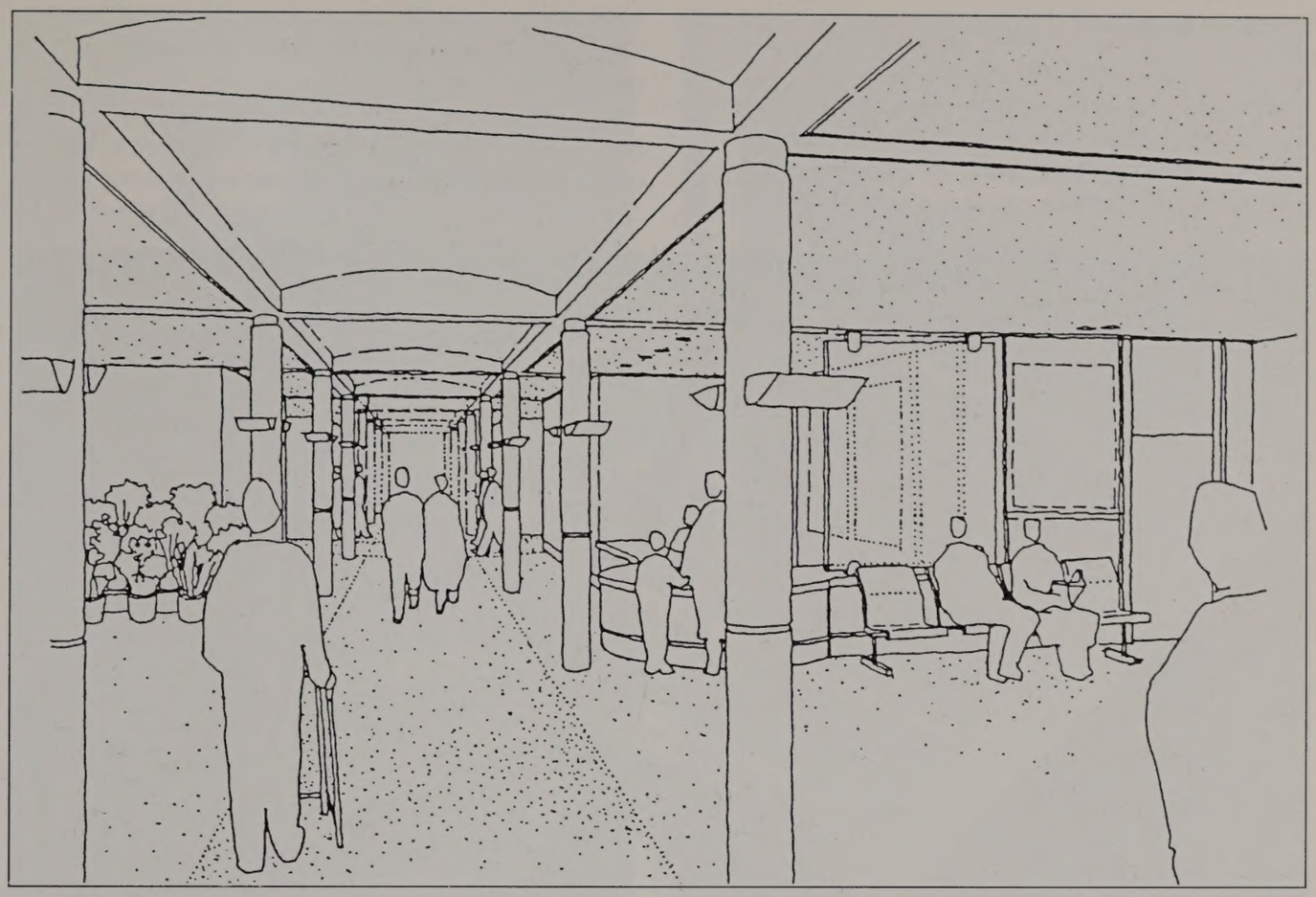

Figure 36 Looking at the reception desk on the right on leaving the draught lobby; the avenue of circular columns leads direct to the hospital street. See also Figures 28 and 34.

Associated key spaces

(i) entrance and draught lobby;
(ii) enquiry and information desk;
(iii) main waiting area;
(iv) WCs – female, male and disabled;
(v) refreshment area and snack bar;
(vi) shops;
(vii) hospital street;
(viii) lifts and stairs.

Associated secondary spaces

(i) parent and baby room;
(ii) patients' library;
(iii) chapel;
(iv) vestry;
(v) security office;
(vi) day nursery;
(vii) stores;
(viii) cleaners' room.

Location of concourse in relation to other hospital departments

5.4 The position of the concourse in relation to patterns of movement within the building will be a critical early design decision. Routes from the entrance into the building, and for returning back to the concourse when departing, need to be assessed in terms of circulation, wayfinding, and general plan implications.

Spatial qualities

5.5 As a major public entrance space, a generous floor-to-ceiling height is important, with possibly part of the concourse being a double-height space with top rooflighting. Where height is restricted, additional height might be gained by routeing services around the perimeter of the space and gaining the height set aside for those services. The precise arrangement of the accommodation above will affect this decision; if drainage is required from the centre of the plan the drainage zone will need to be maintained and a suspended ceiling fixed immediately below that, thereby still gaining part of the space usually concealed above the suspended ceiling.

5.6 Internal planting using natural or high quality artificial plants can contribute greatly to the atmosphere of the space and can help to control ambient noise levels (see paragraphs 6.8–6.14).

Lighting and views

5.7 The concourse should preferably be naturally lit. Daylight and sunlight will enhance the quality of the space, its form and surfaces, and will give the best rendering of colours and textures. Roof glazing can allow the central parts of the plan to be naturally lit and will often give extra height to the space. Heat loss and heat gain should be assessed as well as the practical aspects of cleaning and maintenance.

5.8 Window positions and designs should allow views out, preferably onto landscaped areas, and let sunlight and

Figure 37 Ealing DGH. Main entrance.

Figure 38 St Mary's Hospital, Isle of Wight. Waiting area.

Figure 39 Royal Gloucester Hospital. Main concourse area.

fresh air in. Cill heights should be low enough to allow children to see out, although for safety reasons opening windows should be fitted with a restrictor if there is a drop in height outside.

Telephones

5.9 Public telephones should be set slightly away from the main circulation, and should include one phone at a height to suit wheelchair users. A small shelf adjacent will provide a useful rest for writing or referring to an address book (see Figure 41).

5.10 The provision of one handset of a payphone with an inductive coupler suitable for use with a hearing aid should be considered.

5.11 HBN 48 gives detailed guidance on all matters relating to telephone services.

Noticeboards

5.12 To avoid a clutter of unco-ordinated signs, managers should ensure that notices are restricted to fixed noticeboard areas. A main noticeboard will often be located near the reception desk, perhaps with a diagram of the plan of the hospital beside it.

Main waiting

5.13 A waiting area should be provided within sight of the information and enquiry desk. On arrival the majority of patients and visitors move directly through the main entrance and on to departmental entrances and waiting areas. The requirement for waiting space in the main waiting area is therefore comparatively small. A separate transport waiting area should be provided, see paragraph 4.29, for those departing and waiting for an ambulance or a taxi, or being collected.

Main waiting: key points

- in sight of the information and enquiry desk;
- small seating groups, with potential for wheelchair users to sit adjacent;
- sufficient space for patients manoeuvring in wheelchairs or with walking frames;
- facilities for children;
- information point for leaflets and videos;
- good quality seating and fabrics;
- views to landscaped outdoor areas, possibly with access to an enclosed courtyard.

Associated key spaces

(i) enquiry and information desk;
(ii) concourse;
(iii) WCs;
(iv) refreshment area.

Associated secondary spaces

(i) outdoor area;
(ii) creche;
(iii) shops;
(iv) hospital street, stair and lifts.

hospitals or services. However, where a hospital decides to incorporate a workplace day nursery within the entrance template (see HBN 51 and the Design Guide – 'The design of day nurseries'), there may also be potential for a facility for children of visitors and out-patients to be looked after for short sessions.

Information point

5.17 Provision of information and displays should be considered, for the benefit of people waiting. This might extend from video or printed material with a health or educational purpose to general interest matters such as a TV news monitor service.

Figure 40 St Mary's Hospital, Isle of Wight. Telephone at low level, with shelf space adjacent.

Figure 41 St Mary's Hospital, Isle of Wight. Reception desk.

Seating

5.14 Small group arrangements of seats are preferable. Space should be allowed for patients in wheelchairs to join a group and leave sufficient space for people with walking aids to manoeuvre around them with ease (see Figure 38).

Facilities for children

5.15 Providing special facilities for waiting children is desirable. A bored child is likely in turn to create stress in the parent and possibly disturbance to other patients and visitors. Incorporation of a defined, safe and well equipped playspace should be considered a minimum, where parents will supervise their children themselves.

5.16 Provision of a full creche facility is likely to depend as much on the cost of staffing as on the initial capital cost, and will probably be justified only for specialist children's

Refreshment area

5.18 A facility for patients and visitors to obtain light refreshments and snacks is desirable in all but the smallest of community hospitals, and this will often be used by staff as well, as an occasional alternative to the staff dining facility.

Refreshment area: key points

- associated food preparation and storage areas;
- good quality finishes, fixtures and furniture;
- flexible seating layout;
- views out to landscaped areas with possible access;
- artwork to walls;
- clear signing from concourse.

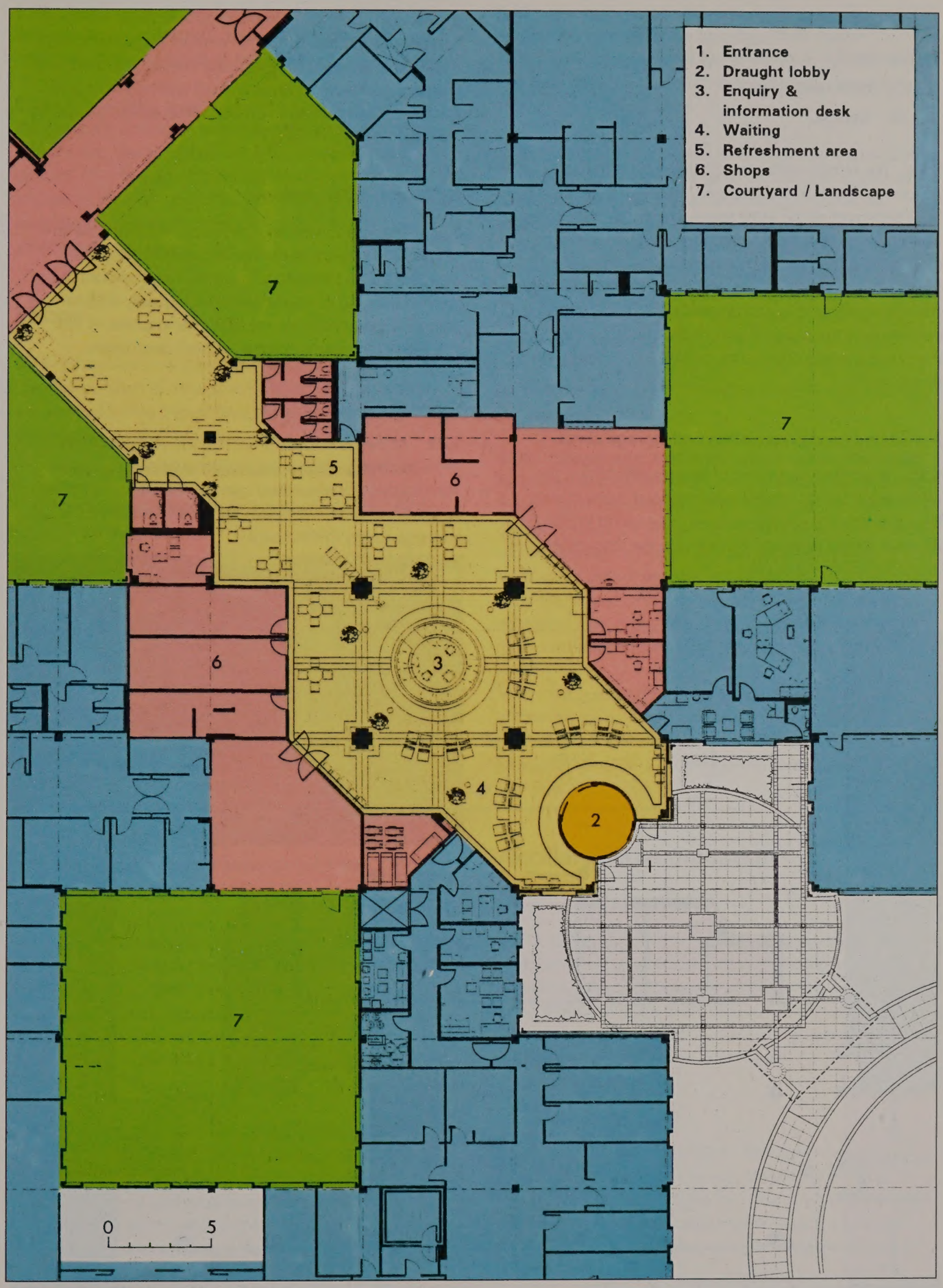

Figure 42 West Fife Hospital. Plan of main entrance area.

Associated key spaces

(i) WCs;

(ii) main waiting area;

(iii) storage.

5.19 The refreshment area should be close to the concourse and main waiting area, although there is no need for it to be part of the same space. There may indeed be advantages in keeping it separate. A separate area will reduce the spread to the concourse and waiting area of food and drinks, and the corresponding clutter and debris that may result. It may also be practical to link the staff canteen with the patients' and visitors' facility, either through a shared kitchen area, or with a complete shared dining room.

Associated food preparation and storage areas

5.20 In addition to an area of seating with tables, the refreshment facility needs a well designed support area. Details of this accommodation are to be found in HBN 51. All areas should be in accordance with the requirements of the Food Hygiene Regulations 1970 and 1990, the Food Safety Act 1990 and the Food Premises Regulations 1991. It will generally need to be of a commercial standard, with stainless steel work surfaces and full wall and floor tiling. The Environmental Health officer will be able to advise on the detailed requirements.

Finishes, fixtures, fittings

5.21 The refreshment area requires particularly durable finishes and fittings, all readily cleanable in order to maintain a high standard of hygiene. The incorporation of internal planting using natural or high quality artificial plants can contribute greatly to the atmosphere of the space and can help to control ambient noise levels.

Seating

5.22 At least some of the seating should be movable in order to allow seats around a table to be re-arranged to accommodate a wheelchair user or a patient on a trolley when required. Movable seating will also enhance the informal quality of this space.

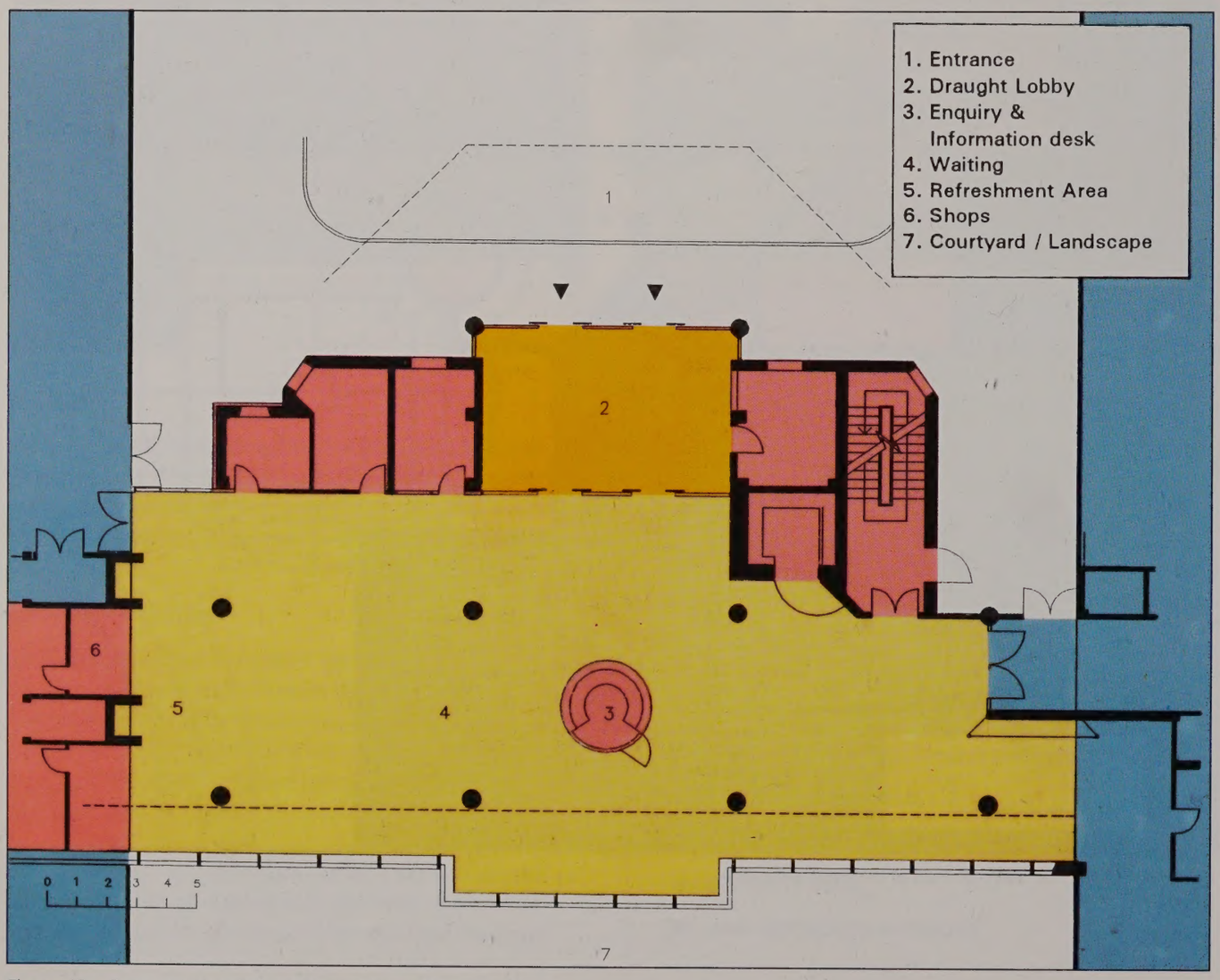

Figure 43 Conquest Hospital, Hastings. Main entrance area.

5.23 Vending machines and water and cup dispensers may also be incorporated in this area. The design should take these into account at an early stage.

5.24 Where there is potential for access to a courtyard, the possibility should be fully investigated to allow the refreshment area to extend outdoors when the weather permits. On a fine day it is the seats outside in the sun which are always the first to be occupied. Planting can be used to maintain the privacy of other overlooking rooms while providing an amenity.

Shops

5.25 Shops are now a regular feature of concourses, and the incorporation of retail space within the concourse is encouraged by the Department of Health. Providing shops should have the dual purpose of:

a. providing a service to patients, visitors and staff;

b. generating an income that in turn provides further facilities.

Figure 44 Stoke City General Hospital. Main entrance shop and reception.

5.26 The profitability of shops will be closely tied to the number of people using the main entrance area, the location of the hospital, and the size of the trading areas offered. As with all shopping areas, there may be periods when units lie empty, or there may be times of day when the concourse is still used but the shops have closed, with shutters down. The design of the concourse should ensure that this does not have a detrimental effect on the quality of the space. Shutters can be the open lattice type with lighting behind to retain a level of display and interest. It should not be assumed that the retail space being created will necessarily be profitable to a trader or be easy to let, and hospitals should consider involving a specialist managing agent or retailing group at the earliest stage of the design.

5.27 Voluntary organisations have a long tradition of service and fundraising for hospitals. Their special contribution cannot be measured merely in financial terms, and this should be taken into account when considering the allocation of trading areas.

5.28 Design control should be exercised by the hospital to co-ordinate the shop frontage to the concourse, interior colour schemes, the finishes and the signs. It may be appropriate to provide a basic level of internal fitting-out – giving floor, wall and ceiling finishes – but leaving the incoming licensee merely to customise the space. Some shops will require special facilities such as an externally mounted condenser unit for the chilling of food products, or access to a water supply and drainage. Many shops, particularly those selling general goods and groceries, will also require provision for deliveries at varied times during the day.

5.29 Provisions for the control of fire and smoke should be considered and allowed for at the earliest stage of the design. With the introduction of shop units into the concourse area, there is an increased fire risk. The 'Firecode' recommendations require internal shop fronts to be enclosed to reduce possible smoke spread, and ideally for commercial enterprises to be grouped together in a space separated from adjacent areas and not directly related to main circulation routes or the main entrance of the hospital.

5.30 For guidance on proposed commercial premises within the main entrance area, refer to 'Firecode' Nucleus Fire Precautions Recommendations 1989, Section 1 and Fire Practice Note (FPN) 5 – 'Commercial enterprises on hospital premises', 1991.

Ancillary accommodation

WCs

5.31 Separate WCs for men and women (available for use by patients, escorts, visitors and staff) should be directly accessible from the concourse, while having the entrance doors slightly set back and concealed from the main circulation routes. One of each should be designed specifically for people who are disabled.

Parent and baby room

5.32 A room where a baby can be breast- or bottle-fed or have a nappy changed in privacy, should adjoin the public toilets and have direct access from the concourse. Seating and facilities for the disposal of soiled nappies and other waste are required. Handwashing facilities should also be provided.

Figure 45 Deeside Community Hospital. Main entrance area.

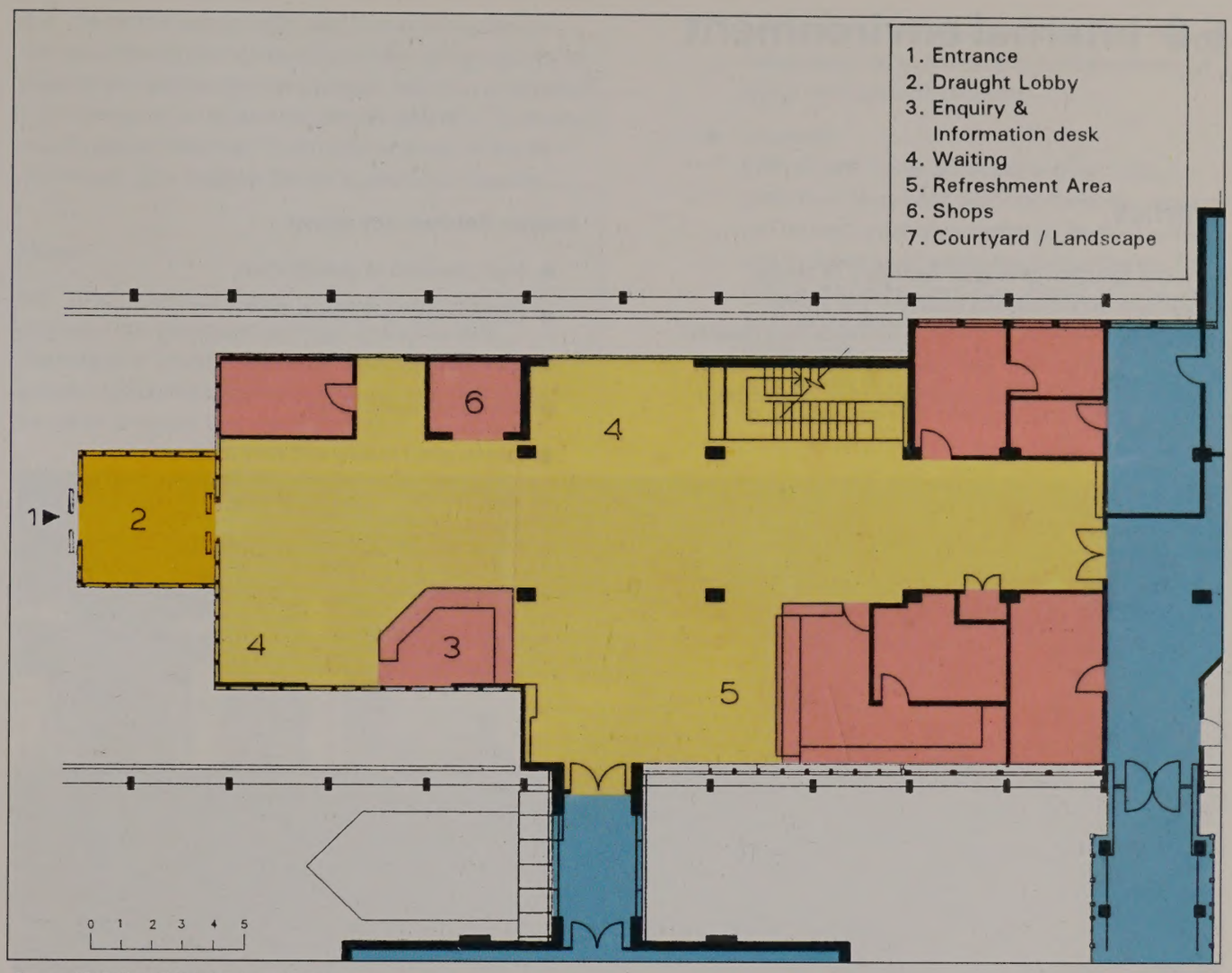

Figure 46 Ealing DGH. Main entrance area.

Figure 47 St Mary's Hospital, Isle of Wight. Concourse area with shop, refreshment counter and associated seating.

6.0 Internal environment

Finishes

6.1 The selection of interior finishes is of central importance in defining the quality of the interior environment. Finishes in the main entrance area need to withstand intensive use and meet high standards of hygiene, while giving the impression of quality without extravagance.

Safety and protection

6.2 All aspects of safety should be considered in the interior arrangement and the selection of finishes. Sharp corners on items such as furniture, fittings, fixtures and radiators are a common source of injury and should be avoided.

Interior finishes: key points

- high standard of specification;
- colours well co-ordinated;
- durable paint (or other) finishes;
- artworks incorporated;
- fabrics good quality and easy to clean;
- floor finishes durable and easy to maintain;
- blinds or curtains may be required for solar control;
- all materials to meet fire officer's requirements;
- feedback from previous use, testing of new materials.

Figure 48 Conquest Hospital, Hastings. Concourse area.

6.3 Protective rails to walls, and corner protection to columns, should be considered wherever a high volume of patients and visitors in wheelchairs or trolleys is anticipated. For information on protection refer to HBN 40 – 'Common activity spaces' Volume 2 'Corridors' and also HTMs 56 – 'Partitions', 58 – 'Internal doorsets' and 61 – 'Flooring'.

Floors

6.4 Floor coverings should be durable, non-slip, easily cleaned, maintained and repaired, and allow easy movement of wheelchairs and trolleys. Colour and pattern can assist in defining spaces and routes, but care should be taken to ensure that the pattern does not induce disorientation. Consideration should be given to requirements regarding static electricity, surface drag, flammability, and infection hazard and impermeability. No-smoking policies will remove the problem of damage from cigarettes.

Figure 49 Royal Bournemouth Hospital. Entrance.

6.5 Floor finishes commonly used are:

- *Carpet*
  Use of carpet in the main entrance can greatly assist in reinforcing the feel of quality, warmth and comfort. Highly resilient impervious backed carpets are specifically made for heavily trafficked areas where dirt and wetness may also be present. A wide range of colours is available, and the carpet can generally be laid in tile form, if preferred, to give the facility for localised repairs in areas of damage or high wear. The carpet may actively assist in collection of dirt within the main entrance area, some specialist nylon fibre carpets being designed to absorb substantial volumes of dirt prior to vacuum cleaning;

- *Linoleum*
  With its wide range of colours and the facility for patterns to be cut and inset into the sheet, linoleum can be used creatively to enhance the floor surface and to define areas within the main entrance. The natural marbled pattern gives interest to large areas and has the advantage of being non-directional. While linoleum lacks the feeling of comfort engendered by carpet, it has proved highly resilient to damage and with normal maintenance will retain its appearance despite heavy use. It is usually laid as 2.3 mm or 2 mm sheet with welded seams, although it may also be laid in tile form to facilitate local repairs. Pre-formed linoleum upstand skirtings with reinforced fibreglass cove may be incorporated, the curved edge thereby avoiding a corner at the junction with the wall and floor where dirt could be trapped;

- *Ceramic/terrazzo tiles*
  Floor tiles, especially terrazzo tiles, are used less frequently in hospitals than linoleum or carpet, but are often used in other public spaces for their durability and high-quality appearance. The harder surface finish will have an effect on the acoustics of the space which will need to be considered. The proposed tile should be carefully evaluated before specification to ensure that an adequate non-slip finish will be provided.

Walls

6.6 Wall finishes need to be durable and easy to clean and maintain. A good-quality paint finish, such as eggshell paint, is suitable. Emulsion is less resistant to wear and tear, but will be cheaper to apply. In areas of risk of impact damage, a protective rail may be required, but this is not usually needed within much of the main entrance area. A wide variety of other finishes such as melamine panels and vinyl wallpapers can be used and may provide more durable surfaces than paint.

Ceilings

6.7 Ceiling finishes need to be considered in relation to the servicing strategy, which normally requires service access to zones above the ceiling plane. Several types of suspended ceiling will be suitable, varying from aluminium or steel panel systems to mineral fibre tiles. Any system should ensure integration with lighting, ventilation and any other services elements which will affect the final appearance. The ceiling will have a considerable impact on the acoustics of the space and should be selected with advice from the appropriate consultants. Where service access is not required, such as where the services have been located around the perimeter of the space in order to gain the additional height and volume to the entrance and concourse (see paragraphs 5.5 and 5.6), a plaster or plasterboard finish may be used.

Lighting, heating, acoustics

6.8 These aspects of the interior should be considered in the context of the quality of the spaces as well as the necessity to achieve certain operational standards.

Lighting

6.9 Sunlight, daylight and artificial light all contribute to the quality of the spaces. The design should aim to bring natural light into the entrance and concourse area, and preferably allow sunlight in if the orientation permits. Lighting should provide interest, giving areas of light and shade, while ensuring that general lighting levels are adequate for partially-sighted visitors and patients.

6.10 Artificial lighting should be considered from the aspect of amenity as well as illumination and emergency. It can be used to enhance the definition of distinct spaces and to pick out more important areas of higher levels of activity, as well as to highlight artworks, wall displays or noticeboards.

6.11 Lamp selection will also affect the "atmosphere" of the entrance, and will have an impact on energy consumption and heat generation. A wide variety of alternative lamps is available and these should be considered for their different illumination characteristics. Specialist advice should be sought on this matter.

Figure 50 St Mary's Hospital, Isle of Wight. Concourse area.

6.12 Fluorescent tubes are the most commonly used source but these need to be used with care to avoid the impression of a bland and characterless space. A good-quality recessed luminaire fitting within a suspended ceiling grid can provide a discreet level of background illumination. Lighting of landscaped courtyards that are viewed from the interior should be incorporated for amenity.

Heating

6.13 Space heating is generally by a low pressure hot water system of radiators supplemented by a warm air curtain above the internal doors to the draught lobby (see paragraphs 4.3–4.15). Selection and positioning of radiators should be considered to avoid risk of injury on sharp corners and dirt staining on walls above.

Detailed guidance can be found in HBN 51.

Acoustics

6.14 Noise levels to the concourse need to be considered. The predominance of hard surfaces can lead to high noise levels. This can be modified by a number of means:

a. ceiling finishes can assist through the selection of an acoustic tile or plank (see paragraph 6.7);

b. internal planting;

c. a soft floor finish such as carpet (see paragraphs 6.4 and 6.5);

d. wall hangings as part of the artwork scheme (see paragraphs 6.25 and 6.26).

Wayfinding and signs

6.15 The subject of wayfinding and signs is a complex one. Hospitals are notoriously difficult for users to find their way around, creating a negative impression, reducing confidence in the ability of the hospital and reducing self-confidence. Patients, and to a lesser extent visitors, are generally under stress. This will often decrease a person's

ability to read a sign system, and may impair their "reading" of spaces. Building design can increase or decrease stress. If the building is difficult to navigate it may cause a downward spiral of confidence and ability.

6.16 The patient or visitor needs directions from the point of arrival on the hospital site – to the hospital building, to his destination within the hospital, and back again to the exit from the site. This may also involve finding the visitors' car park, or the bus stop, and on many existing sites, particularly urban ones, may require movement between buildings.

Wayfinding and signs: key points

- signs are intended for patients and visitors;
- establish a clear system;
- a few signs only at each intersection;
- separate external signs for pedestrians and drivers, with size and location to suit;
- clear, easy to read lettering;
- night lighting;
- avoid unofficial signs on free-standing boards;
- colour coding, if used, relates to other colours in the building fabric;
- consider need for additional languages.

6.17 People will use many different ways to find their way around a building. Some of these will be subconscious; subtle readings of the building and spaces and a development of an understanding of their arrangement. Others will be more overt, such as following a series of signposts or a map of the hospital. Key features are:

- overall form of building;
- internal design – size and shape, lighting, colour, detail;
- landmarks;
- signs.

External form of building

6.18 The building form itself, that is to say the external form and detail, the landscaping, the lighting at night, will generate expectations about the location of the main entrance, and the importance of one part of the building relative to another.

Internal design – size and shape, lighting, colour, detail

6.19 The design of the interior will likewise create expectations of a hierarchy of importance of spaces relative to each other. Natural and artificial lighting, colour, and detailed design will reinforce a message being generated by the form of the spaces. Providing higher levels of lighting to an area will draw particular attention to it (see Figure 53).

Figure 51 Royal Bournemouth Hospital. Signs at the main entrance.

Landmarks

6.20 In both external areas and the interior of the hospital, the designer should be seeking to create "landmarks" – memorable points which people will refer to and recall when finding their way around. These might be a courtyard landscaped in a particular and unique way, or a work of art hanging on the wall, or a staircase perhaps identifiable by a prominent mobile. These will assist all building users in developing a mental map of their route and will also assist a member of staff at the information and enquiry desk in describing the route for a patient or visitor to follow. The location of these "landmarks" should be at key points where people might be required to turn left or right, or move up or down to a different level.

Signs

6.21 Signs should be intended primarily for patients and visitors. They may be considered as being in two categories:

a. directional or wayfinding signs showing a route to follow to a destination, such as the signs directing a visitor arriving by car towards the visitors' car park;

b. locational signs indicating the destination itself, such as the sign over the information and enquiry desk, or the sign at the entrance to a ward or a department.

6.22 In many cases the signs should reinforce what is already visually apparent. For example the information and enquiry desk should be visible upon entering the building and should be designed in a way that makes its function clear. A sign above will merely reinforce the inherent understanding of this, and may even be unnecessary. In contrast, the majority of wayfinding within the hospital will be along corridors – the hospital street and corridors within departments – where directional signs are essential.

6.23 Checklist of key signs in connection with the main entrance:

External

Directional

(i) site entrance to visitors' car park, and back to exit, for drivers;

(ii) visitors' car park to main entrance and back to car park, for pedestrians;

(iii) site entrance and bus stop to main entrance and back, for pedestrians;

Locational

(i) main entrance;

(ii) visitors' car park;

(iii) staff car park.

Figure 52 Ysbyty George Thomas. Seating area looking over landscaped courtyard forms "landmark" orientation point.

Figure 53 Chirk Community Hospital. The toplighting over the reception desk gives it greater prominence.

Internal

Primary directional

(i) out-patients;
(ii) admissions office;
(iii) WCs;
(iv) refreshment area;

Primary locational

(i) reception;
(ii) WCs;
(iii) refreshment area;

Secondary directional

(i) other departments as required;

Secondary locational

(i) parent and baby room.

6.24 General guidance on signs can be found in HTM 65 – 'Signs'. However, many hospitals are now considering other signing systems, and are developing more appropriate ones for particular locations.

Artwork

6.25 It is generally accepted that the incorporation of works of art is of benefit to patients, visitors and staff. It will enhance the physical and social environment, and create an image of care and concern for aspects of the quality of life of people using the hospital. Artwork will also assist in establishing "landmarks" around the building in order to assist in wayfinding.

6.26 Several art projects have already been established in hospitals around the country. Separate funding will need to be raised, which may place the extent of artwork in some uncertainty at the early stages of the project. However, it is important to plan the incorporation of works of art along with the initial design for a new hospital, particularly when considering wayfinding around the building. An art project may also provide an opportunity for local community involvement in the design or display of local works.

Figure 54 Charing Cross Hospital, London. External sculpture adjacent to the main entrance.

7.0 Fire and security

Fire

7.1 The main entrance will normally form one of the primary means-of-escape routes from the building. Where this is the case, particular measures will need to be taken to ensure the safety of people escaping through that area.

7.2 Reference should be made to the 'Firecode' guidelines, the Building Regulations, British Standards and Codes of Practice for advice on all matters relating to fire safety and means of escape.

7.3 The introduction of shop units and other commercial areas into new or existing main entrances requires additional measures to be taken to protect the escape route, since these areas are seen as a high risk in terms of smoke and fire. This could involve matters such as enclosing all commercial accommodation to separate it from the concourse, the introduction of a sprinkler system to the commercial accommodation, and providing a separate means of escape bypassing the concourse. Refer to Appendix B – 'Firecode' for further information.

Fire: key points

- enclosure of commercial units;
- fire exit signs;
- emergency lighting;
- design and locking release mechanism of main entrance doors;
- fire retardant finishes and fabrics;
- no additional risk from artworks.

Security

7.4 The issue of security is one of growing importance in terms of the protection of people and of property. Most hospitals pose extremely difficult requirements to maintain security within the buildings and on the surrounding site.

7.5 Reference should be made to the National Association of Health Authorities and Trusts (NAHAT) NHS Security Manual for advice on all aspects of hospital security.

Appendix A

Hospitals visited

Every Regional Health Authority in England, Wales and Scotland has been contacted in the course of the research for this guide, and asked for their own selection of the best examples of hospital main entrances within their region.

Partly from this list, and partly from other research, a list was compiled for visits and studies. Plans and other design material were obtained for many of the hospitals recommended by the RHAs, and others.

The following hospitals and trusts were visited:

- Charing Cross Hospital, London;
- Chirk Community Hospital;
- Clifton Community Hospital;
- Conquest Hospital, Hastings;
- Cromwell Hospital, London;
- Deeside Community Hospital;
- Ealing DGH;
- Fitzroy Nuffield Hospital, London;
- Great Ormond Street Hospital for Sick Children;
- Homerton Hospital, London;
- Maidstone DGH;
- Manchester Royal Infirmary;
- Mid-Kent Radiotherapy;
- Queens Park Hospital Phase 1 and 2, Blackburn;
- Royal Bournemouth Hospital;
- Royal Devon and Exeter Hospital, Wonford;
- Royal Free Hospital, Hampstead;
- Royal Gloucester Hospital;
- Hospital of St John and St Elizabeth, St John's Wood;
- St Mary's Hospital, Isle of Wight;
- St Mary's, Royal Free;
- St Thomas's Hospital, London;
- Stoke City General Hospital;
- Westminster and Chelsea Hospital, London;
- Ysbyty George Thomas.

Appendix B

Firecode

'Firecode' is a suite of documents, obtainable through HMSO Books, covering policy, technical guidance, and specialist aspects of fire precaution in a range of health care premises, but mainly hospitals.

It incorporates recommendations and requirements agreed between the Department of Health, the Home Office and the Department of the Environment.

Because fire safety embraces all aspects of health estates, 'Firecode' addresses a range of professionals including general managers, designers, maintenance engineers, and supplies officers.

'Firecode' has been published in a series of Health Technical Memoranda, 'Fire Practice Notes' (FPNs), and as separate Nucleus documents. Together these documents cover:

a. policy and principles – basic strategy with management guidance, including the special Nucleus Fire Precautions Recommendations;

b. detailed technical guidance on a range of issues from fire precautions in new hospitals to the choice of textiles and furniture;

c. specialist aspects of fire precautions such as laundries and storage of flammable liquids, escape bed lifts and commercial premises in hospitals.

As current documents are revised and reprinted, and as new documents are printed, they will be published in the 'Firecode' series.

FPN 5 – 'Commercial enterprises on hospital premises' is a recent document of particular relevance to entrances and foyers of hospitals. FPN 5 provides general technical guidance relating to the additional fire safety precautions which may become necessary when commercial enterprises are about to be, or have been, established on hospital premises. It ensures that when commercial enterprises are planned or designed they will not subvert the fire safety precautions already agreed for adjacent health care areas or hospital buildings. Any risks arising from commercial enterprises must be taken fully into account at the onset of the new schemes and upgradings.

Appendix C

Nucleus hospitals

Nucleus is a standardised briefing and planning system for hospital buildings developed by NHS Estates. It is designed as a small intensive use first-phase hospital which, together with facilities located elsewhere, provides a district service. It is designed to be capable of expansion to full general hospital capacity when funds become available.

Nucleus departments are designed in clinical "templates" of 1100 m^2 (previously 1000 m^2) containing whole departments or clusters of smaller departments. The selection of the template form was the outcome of considerable research into shapes suitable for standardisation and their relationship between departments. Departments are linked horizontally by a hospital street and vertically by lifts, ramps and staircases.

The first Nucleus hospital was completed in 1981. There are now about 130 schemes in the hospital building programme, of which 61 are completed, and the remainder at construction or planning stages.

For further information on Nucleus, contact:

NHS Estates
Nucleus Projects Information Unit
Department of Health
1 Trevelyan Square
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Leeds
LS1 6AE.

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29 *Accommodation for pharmaceutical services*, 1988. HMSO
40 *Common activity spaces Volume 2, 'Corridors'*, 1986. HMSO
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45 *External works for health buildings*, 1992. HMSO
47 *Health records department*, 1991. HMSO
48 *Telephone services*, 1989. HMSO
51 *Accommodation at the main entrance of a District General Hospital*, 1991. HMSO
51 Supp 1 *Miscellaneous spaces in a District General Hospital*, 1991. HMSO

Health Technical Memoranda

(Produced by the Department of Health and Welsh Office)

57 *Internal glazing*, 1989. HMSO
58 *Internal doorsets*, 1989. HMSO
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60 *Ceilings*, 1989. HMSO
65 *Signs*, 1984. HMSO

Firecode

(Produced by the Department of Health and Welsh Office)

HTM 81 *Fire precautions in new hospitals*, 1987. HMSO
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HTM 82 *Alarm and detection systems*, 1989. HMSO
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Health Notices, Circulars, Letters

(Issued by the Department of Health and, where indicated, Welsh Office)

Home Office draft guide to fire precautions in hospitals, HN(82)36
Draft guide to fire precautions in existing residential care premises, HC(83)5
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Nucleus 'Main entrance' Study Pack, 1992. NHS Estates
NHS Security Manual, 1992. National Association of Health Authorities and Trusts (NAHAT)
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Hospital design for healthcare and senior communities, Albert Bush-Brown and Dianne Davis, 1992. Van Nostrand Reinhold
Hospital interior architecture, Jain Malkin, 1992. Van Nostrand Reinhold
Signs at main entrances to Nucleus hospitals, 1990. British Health Care Arts Centre
Demonstrably different, 1991. NHSME
First impressions, lasting quality, 1992. NHSME

Other publications in this series

Design Guide: The design of day nurseries with particular reference to District General Hospitals, 1991. *HMSO*

Design Guide: The design of community hospitals, 1991. *HMSO*

Design Guide: Options for the '90s – Accommodation for adults with acute mental illness, 1993. *HMSO*

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NHS Estates also makes its experience available to the field through its consultancy services.

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Some other NHS Estates products

Activity DataBase – a computerised system for defining the activities which have to be accommodated in spaces within health buildings. *NHS Estates*

Estatecode – user manual for managing a health estate. Includes a recommended methodology for property appraisal and provides a basis for integration of the estate into corporate business planning. *HMSO*

Capricode – a framework for the efficient management of capital projects from inception to completion. *HMSO*

Concode – outlines proven methods of selecting contracts and commissioning consultants. Both parts reflect official policy on contract procedures. *HMSO*

Works Information Management System – a computerised information system for estate management tasks, enabling tangible assets to be put into the context of servicing requirements. *NHS Estates*

Option Appraisal Guide – advice during the early stages of evaluating a proposed capital building scheme. Supplementary guidance to Capricode. *HMSO*

Health Building Notes – advice for project teams procuring new buildings and adapting or extending existing buildings. *HMSO*

Health Guidance Notes – an occasional series of publications which respond to changes in Department of Health policy or reflect changing NHS operational management. Each deals with a specific topic and is complementary to a related Health Technical Memorandum. *HMSO*

Health Technical Memoranda – guidance on the design, installation and running of specialised building service systems, and on specialised building components. *HMSO*

Encode – shows how to plan and implement a policy of energy efficiency in a building. *HMSO*

Firecode – for policy, technical guidance and specialist aspects of fire precautions. *HMSO*

Nucleus – standardised briefing and planning system combining appropriate standards of clinical care and service with maximum economy in capital and running costs. *NHS Estates*

Concise – software support for managing the capital programme. Compatible with Capricode. *NHS Estates*

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